



NORTHERN
STATE UNIVERSITY

2023-24 TEACH Grant Application

Name _____ Student ID or SSN _____

I am requesting a TEACH Grant for the following terms (mark all that apply):

- Fall Spring Summer

- Yes, I have completed a 2023-24 FAFSA. FAFSA website: [StudentAid.gov](https://studentaid.gov)
- Yes, I have maintained the academic requirements as indicated below:
- I scored above the 75th percentile on a college admission test (i.e., ACT, SAT, GRE) or
 - I have a cumulative GPA of at least 3.25 from my most recent semester completed (high school GPA for incoming freshmen; college GPA for current or transfer students) or
 - I am employed as a full-time teacher and will be during the time I am receiving a TEACH Grant as a graduate student.
- Yes, I am pursuing my first bachelor's degree or first master's degree.
- Yes, I am majoring in a program that will prepare me for teaching in a high-need field.

Name of program/major: _____

- Yes, I intend to teach in a high-need field as identified by the federal government, or in a South Dakota-specific high-need field.

Federal:

- | | |
|---|---|
| <input type="checkbox"/> Bilingual Education | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> English Language Acquisition | <input type="checkbox"/> Reading Specialist |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Science |
| | <input type="checkbox"/> Special Education |

South Dakota-specific (in addition to the federally identified fields listed above):

- | | |
|---|---|
| <input type="checkbox"/> Elementary Education | <input type="checkbox"/> Language Arts |
| | <input type="checkbox"/> Social Studies |

- Yes, I intend to teach in a low-income school. Department of Education approved list of low-income schools: <https://studentaid.gov/app/tcli.action>
- Yes, I went to <https://studentaid.gov/app/launchTeach.action> and have completed:
- | | |
|---|-----------------------|
| <input type="checkbox"/> 2023-24 Teach Grant Agreement to Serve (ATS) | date completed: _____ |
| <input type="checkbox"/> TEACH Grant Counseling (initial or subsequent) | date completed: _____ |

Signature

Date

Please return completed form to Dacotah Hall 103 or finaid@northern.edu