



FINANCIAL AID OFFICE
1000 East Victoria Street, WHB250
Carson, California 90747
PHONE: (310) 243-3691

CSUDH ID: _____ Today's Date: _____

Financial Aid Document Submission Cover Sheet

Please complete the information requested below, submit this form along with your documents. REMINDER: When uploading your documents to the DropBox, please exercise caution when using Free WiFi or Public Computers as these are not secure.

Student Name: _____
Enter Last Name, First Name, MI

Toro Email Address: _____

Phone Number: _____
(Area Code) (i.e. 222-1234)

Be sure to include your CSUDH student ID number on the front and back of each page submitted and allow 24-48 hours for your To Do List to be updated.

Submission Instructions

In the following page(s), complete all requested information using the fillable document below. Your document must be complete to be accepted by the Financial Aid Office. Forms that are incomplete will remain on your To-Do list in the Student Center.

1. Upon completing this document, scroll to the bottom where you are asked to sign and date. In the signature area, type your name and in the date space type today's date.
2. Save your document. Name your document with your Initials and CSUDH ID #
3. If you have attachments, please have them ready to upload to the DropBox
4. Return to the Financial Aid Forms section to the "Submit My Documents link"
5. Once all documents have been submitted, be sure to close your browser.

Student's Name: _____

CSUDH ID# _____



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**2020-2021
Teacher Education Assistance for College and Higher Education Program
(TEACH) Request Form**

The Teacher Education Assistance for College and Higher Education (TEACH) Grant Program provides a grant to students who intend to teach at an elementary or secondary school, or educational service agency that serves students from low-income families. In exchange for receiving a TEACH Grant, you must agree to serve as a full-time teacher in a high-need field in a public or private elementary or secondary school that serves low-income students. As a recipient of a TEACH Grant, you must teach for at least four academic years within eight calendar years of completing the program of study for which you received a TEACH Grant. Due to the Budget Control Act of 2011 (the sequester law), as of October 1, 2020, the maximum TEACH grant award amount for the 2020-2021 school year is \$3,772. The award amount will be prorated if enrolled less than full time.

If you are awarded a TEACH Grant and fail to complete the service requirement, all payments of TEACH Grants you received either by refund or applied toward your fees will be converted to a Federal Direct Unsubsidized Loan. You must then repay this loan to the U.S. Department of Education and will be charged interest from the date the grant was paid.

You are urged to carefully consider not only your loan indebtedness but the Agreement to Serve requirement when deciding whether to accept a TEACH Grant. If you are able to answer “Yes” to all questions below, complete and submit this signed form for TEACH Grant consideration:

Have you completed and submitted a 2020-2021 FAFSA? Yes No

Are you maintaining a Grade Point Average of 3.25 or higher? Yes No

Are you admitted to one of the programs listed below? If yes, please check one. Yes No
 Junior/Senior in the Liberal Studies program Credential Masters

Are you enrolled in courses that are necessary to begin a career in teaching in one of the specific high-need fields listed. If yes, please place a check next to the subject area. Yes No

- | | |
|--|---|
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Science |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Core Subjects (elementary education) |
| <input type="checkbox"/> Mathematics | |

** To view the 2020-2021 Teacher Shortage Area Nationwide Listing, please visit: tsa.ed.gov
To see the listing click on “View Report” tab.*

I acknowledge and understand the terms of the TEACH Grant program and will complete the Agreement to Serve and the TEACH Entrance Counseling session.

Signature

Date

****For Office Use Only****

SSN: _____ GPA: _____ Grade Level: _____ CPS Tran. #: _____ ATB Code: _____

CIP Code: _____ Program Length: _____ Program Credential Level: _____

NSLDS: ATS: TGC:

F’20 units: _____ F’20 disb: _____ Sp’21 units: _____ Sp’21 disb: _____ Sum’21 units: _____ Sum’21 disb: _____