



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. Provide your wet signature as typed/font signatures are not acceptable. .
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# \_\_\_\_\_



## FINANCIAL AID &amp; SCHOLARSHIPS OFFICE

1000 East Victoria Street

Carson, CA 90747

PHONE: (310) 243-3691

**2023-2024**

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

The Teacher Education Assistance for College and Higher Education (TEACH) Grant program is available for selected credential and master's degree program. This federal grant is awarded to students who plan to become teachers and agree to teach full-time in a high need field, for at least four academic years at an elementary school, secondary school, or educational service agency that serves low-income families within eight academic years of completing the program of study for which the grant was received. If a grant recipient does not meet the service requirements, all TEACH Grant funds received, either by refund or applied toward fees, will be converted to a Federal Direct Unsubsidized Loan that must be repaid with interest accruing from the date each grant disbursement was made.

Due to the Budget Control Act of 2011 (the sequester law), the maximum TEACH grant award amount for the 2023-2024 academic year is \$3,772. The award amount will be prorated if enrolled less than full time.

For TEACH Grant consideration, complete and submit this signed form to the electronic Financial Aid Dropbox located at <https://www.csudh.edu/financial-aid/forms/>:

I have completed and submitted a 2023-2024 FAFSA.

Yes ☐ No ☐

My current GPA is at least a 3.25.

Yes ☐ No ☐

I am admitted and enrolled in a:

\_\_\_ Single subject teaching credential program (Subject: \_\_\_\_\_)

\_\_\_ Multiple subject teaching credential program (Subject: \_\_\_\_\_)

\_\_\_ Master's of Art in Education: Concentration: \_\_\_\_\_

I am currently enrolled in courses that are necessary to begin a career in teaching in one of the specific high-need fields listed. Please place a check next to the subject area.

☐ Mathematics☐ Science, including, but not limited to, computer science☐ Foreign language☐ Reading specialist☐ Bilingual education☐ English language acquisition☐ Special education

*\* To view the 2023-2024 Teacher Shortage Area Nationwide Listing, please visit: <https://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:      TGE:

F'23 units: \_\_\_\_\_ F'23 disb: \_\_\_\_\_ Sp'24 units: \_\_\_\_\_ Sp'24 disb: \_\_\_\_\_ Sum'24 units: \_\_\_\_\_ Sum'24 disb: \_\_\_\_\_