

PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

2024 - 2025 PVAMU TEACH Grant Affidavit

PLEASE USE BLACK OR BLUE INK PENS ONLY

	First Name:		Last Name:	
	Student ID Number:		Email Address:	
	Academic Level (check one):	Undergraduate	Graduate	Doctorate
	TEACH Grant Criteria The Teacher Education Assistance for College and Higher Education (TEACH) Grant Program provides grants of up the \$4,000 per year to students who intend to teach in a public or private elementary or secondary school that serves students from low-income families. In exchange for receiving a TEACH Grant, you must agree to serve as full-time teacher in a high-need field in a public or private elementary or secondary school that serves low-income students (see below for more information on high-need fields and schools serving 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 students of the you received a TEACH Grant. If you fail to complete this service obligation, all amounts of TEACH Grant that you received will be converted to a William D. Ford Federal Direct Unsubsidized Loan. You must then repay the loan to the U.S. Department of Education. You will be charged interest from the date the grant(s) was disbursed. From the complete information on the grant and the requirements for the program visit our TEACH Grant website https://www.pvamu.edu/faid/types-of-aid/grants/#teach.			
	Student Eligibility Requireme To receive a TEACH Grant you Although you do not he (FAFSA); Be a U.S. citizen or eligente of the company of	nts must meet the following ave to demonstrate finan- gible non-citizen; rgraduate, post-baccalau icipate in the TEACH Gr c achievement requirer ttaining a cumulative GI	criteria: cial need, complete the reate, or graduate stude rant Program; nents (generally, scor	Free Application for Federal Student A nt in a postsecondary educational institution above the 75th percentile on a colleged,
				te TEACH Grant and self-certify my intentions to serve ntary or secondary school that serves low-income stude
	Student Signature	Prin	t Name (Clearly)	Date
•	PVAMU Academic Advisor Certification I have reviewed the student's course plan and certify that these courses are necessary to begin a career in teaching or plan to complete such coursework.			

Office of Student Financial Services P.O. Box 519, Mail Stop #1005 Prairie View, Texas 77446 Phone (936)261-1000

through "Panther Pass" within Panther Tracks.