



STUDENT ID: \_\_\_\_\_

## **LEWIS UNIVERSITY TEACH GRANT APPLICATION**

**STUDENTS: PLEASE COMPLETE THIS FORM BEFORE REQUESTING FUNDS.**

### **CONTACT INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### **INDICATE THE YEAR(S) AND SEMESTER(S) FOR WHICH YOU ARE APPLYING:**

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

### **EDUCATION & EXPERIENCE**

Grade Level: \_\_\_\_\_ Major: \_\_\_\_\_

Have you received the Teach Grant before? \_\_\_\_\_

School last attended \_\_\_\_\_

Program last attended \_\_\_\_\_ GPA \_\_\_\_\_

Are you currently a teacher? \_\_\_\_\_ What do you teach? \_\_\_\_\_

Are you a retiree from a high-need field? (e.g., mathematics, science, special education, reading specialists, English language acquisition, or another high-need field) \_\_\_\_\_

Are you completing a high quality alternative certification? (e.g., Teach for America) \_\_\_\_\_  
What certification? \_\_\_\_\_

### **AGREEMENT AND SIGNATURE:**

By signing below, you are accepting responsibility for any overpayment resulting from inaccurate or false information. You have the legal responsibility of notifying the Lewis University Financial Aid Office of any changes in status or enrollment. Failure to notify this office of any status changes may result in over/under payment and/or delay in receiving your funds.

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_