



Sacred Heart UNIVERSITY

2024 – 2025 Federal TEACH Grant Certification Form

Name: _____ ID#: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Cell Phone: _____

By signing this form, I agree to the following:

- I am enrolled in a TEACH Grant-eligible program and I plan to complete a curriculum that will prepare me to teach in one or more high-need subject areas.
- I will complete the [TEACH Grant Initial and Subsequent Counseling](#) requirement and a [TEACH Agreement to Serve or Repay \(Agreement\)](#) with the U.S. Department of Education each year that I am awarded a TEACH Grant. [TEACH Grant Counseling](#) and the [TEACH Agreement to Serve or Repay \(Agreement\)](#) *must be completed before any funds can be disbursed.*
- I will serve as a full-time teacher for a total of at least four academic years within eight years after I complete or cease to be enrolled in the program(s) for which I received TEACH Grant funds.
- I will perform my teaching service obligation for the TEACH Grant as a highly qualified teacher at a [Title I \(low-income\) school](#).
- I will perform my teaching service obligation for the [TEACH Grant in a high-need field as designated by the U.S. Department of Education](#).
- I will provide the U.S. Department of Education with documentation of my progress towards completing my TEACH Grant service obligation.
- **I understand that my TEACH Grant will be converted into a Direct Unsubsidized Loan if I become ineligible or fail to meet the teaching requirements specified by the U.S. Department of Education. If this conversion occurs, I will be required to repay all funds including interest charged from the date of each TEACH Grant disbursement received under the TEACH Grant program.**

I certify that I have read, understood and agree to these requirements and request TEACH Grant funds for the 2024-2025 school year at Sacred Heart University.

Student's Signature: _____ Date: _____

This document may be submitted to the Office of Student Financial Assistance only via [SHU Awards](#) (Menu > My Documents > Upload it now!), regular mail, secure fax, or in person as it contains personally identifiable information.

5151 Park Avenue, Fairfield, CT 06825 203-371-7980 (phone) 203-365-7608 (secure fax)