TEACH Grants provide assistance to students who intend to teach in a public or private elementary or secondary school serving low-income students. Recipients must teach for at least four academic years within eight calendar years of completing the program of study for which they received a TEACH Grant. IMPORTANT: If you fail to complete this service obligation, the TEACH Grants you received will convert to a Federal Direct Unsubsidized Loan that you must repay to the government. You will be charged interest from the dates the grants originally disbursed.

Name: ____________________________         ____________________________        ____________________________
University ID: ____________________________
Mix Email Address: ____________________________
Cell Phone: ____________________________
Major(s): ____________________________ Last WVUteach Course Taken: ____________________________
Current GPA: ____________________________ Current Status: Junior Senior
Advisor: ____________________________

Academic Year and Semesters (Fall, Spring, Summer) Applying for: ____________________________

I understand this is a request for TEACH Grant funds, and there are eligibility criteria I must meet to receive the TEACH Grant. I understand that if I receive the TEACH Grant but do not complete the required service obligation, the grant will revert to a loan with interest accrued from the date the grant was originally disbursed.

Student Signature: ____________________________ Date: ____________________________
(Must be signed in ink. Electronic signatures not accepted.)

If you have questions about the application, please contact Elizabeth Wiles at: 304-293-9708. Return completed application to Elizabeth Wiles' inbox in Allen Hall 601. Application implies consent for the scholarship committee to examine the applicant’s grades and to seek a letter of support from the applicant’s academic advisor and from the WVUteach Master Teachers.

The following section is to be completed by an authorized WVUteach representative.

Date Application Received: ____________________________
Applicant Licensure Area: ___ Biology ___ Chemistry ___ Mathematics ___ Physics
Applicant GPA Verification: ____________________________
Applicant Approval: ___ Yes ___ No Date of Approval: ____________________________
Comments: ____________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Printed Name ____________________________ Signature ____________________________ Date ____________________________