TEACH GRANT APPLICATION

Application Date (Month, Day, Year):

Student Name (Last, First, MI):

Student ID:

Student Email address:

Teaching Subject/Area (e.g., Math, Special Ed):

Date TEACH Grant Initial Online Counseling Completed:

Date FAFSA Submitted:

Expected Graduation Date:

Application Check List:

Teach Grant application.

A copy of Initial Counseling Completion.

A copy of the ATS section A, B, C, and F

IMPORTANT: To insure that exit counseling requirements are met, students must notify School of Education Student Services if they cease to be enrolled in a professional program.

Office Use Only

Program Verification: Yes   No   Program:

Academic Eligibility Criteria: Test Percentile (+75%) Grade

Point Average (3.25)

Verification Staff Person:

Verification Date:

*Submit a copy of the counseling completion, the ATS sections A, B, C and F, and the TEACH Grant application form to A`ha Vuong via email at ttvuong@wisc.edu or via mail to School of Education Student Services, 139 Education Building, 1000 Bascom Mall, Madison, WI 53706.