School of Education
UNIVERSITY OF WISCONSIN–MADISON

TEACH GRANT APPLICATION

Application Date (Month/Day/Year):

TEACH Grant Award Year:

Student Name (Last, First, MI):

Student ID:

Student Wisc Email Address:

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

Date TEACH Grant Initial/Subsequent Online Counseling Completed:

Date FAFSA Submitted:

Expected Graduation Date (Month, Year):

Application Check List:

☐ TEACH Grant application

☐ A copy of the Initial Counseling Completion date

☐ A copy of the ATS sections 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 Avianna Hite via email at ahite@wisc.edu or via mail to School of Education Student Services, 139 Education Building, 1000 Bascom Mall, Madison, WI 53706.