

TEACH Grant Entrance Counseling at Athens State University  
**TEACH GRANT PROGRAM**  
Certification of Entrance Counseling

Student Name

Student Major

Student ID

Student Cumulative GPA

Student FAFSA completed

Student EFC

I certify that each of the following statements is true:

- I have reviewed the information presented at Athens State University website regarding the TEACH Grant Program.
- I agree to teach as a highly-qualified teacher in a high-need field, at a low-income elementary or secondary school for at least four years within eight years of completing the program for which the TEACH Grant was awarded.
- I am able to identify Schools serving low-income students at the federal website <https://www.tcli.ed.gov/CBSWebApp/tcli/TCLIPubSchoolSearch.jsp>.
- I am able to identify documented high need fields at the deferral website <http://www.ed.gov/about/offices/list/ope/pol/tsa.doc>.
- I understand the definition of a highly-qualified teacher as defined at the federal site <http://www.ed.gov/policy/elsec/leg/esea02/pg107.html>.
- I understand I must complete an Agreement to Serve for each year I am awarded TEACH Grant funds.
- I understand I must have a complete and verified (if requested) FAFSA on file with Athens State University for each year I am requesting TEACH Grant funds.
- I understand I must meet the eligibility requirements for Federal Student Aid at Athens State University.
- I understand I must be enrolled and actively pursuing a TEACH Grant-eligible program of study at Athens State University.
- I understand I must have a cumulative GPA of 3.25 or a college admissions test score, such as SAT or ACT above the 75<sup>th</sup> percentile.
- I understand I must complete counseling each year I request funds.
- I understand I must complete exit counseling if I cease enrollment due to withdrawal from Athens State University, change of major or graduation.
- I understand I must complete the Federal Direct Unsubsidized Loan Entrance Counseling online.
- I understand I must complete the ATS (Agreement to Serve) online.

Student Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ DATE \_\_\_\_\_

**Please submit this form to the Office of Student Financial Services.**

**Fax: 256-233-8178**

**Email: [finaid@athens.edu](mailto:finaid@athens.edu)**