

**FORM TEACHG - IDAHO STATE UNIVERSITY  
TEACH GRANT APPLICATION**

11-12

**TEACHG-12**

**INSTRUCTIONS:** To apply for a TEACH Grant, you must certify that you have attended and understand the information presented in an Initial Counseling session. Please return this completed form to:

**Office of Financial Aid, Idaho State University, Museum Building, Room 337  
921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077  
Phone: (208)282-2756 Fax: (208)282-4755**

**University Place, BSUB, Idaho Falls Phone: (208)282-7704 Fax: (208)282-7726**

Student Name: \_\_\_\_\_  
(Use blue or black ink) Last First M.I.

ISU ID (Bengal Card #): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I have filed the 2011-2012 Free Application for Federal Student Aid and am requesting that I be considered for the TEACH Grant at Idaho State University under the following condition (one or the other is required):

\_\_\_\_\_ GPA (minimum 3.25)  
\_\_\_\_\_ National Test Score (attach official copy of national test showing you scored  
ACT, SAT, GRE, etc above the 75<sup>th</sup> percentile in at least one battery.)

Complete the Teach Grant Initial Counseling Session at: <https://teach-ats.ed.gov/ats/index.action>. I completed the TEACH Grant Initial Counseling Session. A copy of the Confirmation is attached.

I understand the information presented. I understand that if I fail to meet any of the service requirements for the TEACH Grant, it will be permanently converted to an unsubsidized Direct Loan with interest accruing from the first date of disbursement.

I certify that my program of study meets the academic eligibility criteria defined by Idaho State University (ISU.)

I also understand after my Teach Grant has been processed, I must sign the **TEACH Grant Department of Education Agreement to Serve (ATS)** and submit it to the U.S. Department of Education. The ATS can be found at: <https://teach-ats.ed.gov/ats/index.action>. An electronic transmission of the TEACH Grant Agreement to Serve will be sent to ISU Financial Aid Office

**CERTIFICATION:** I certify that the information provided on this form is true and complete to the best of my knowledge.

Student Signature: \_\_\_\_\_  
(v. 03/08/2011)

Date: \_\_\_\_\_  
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