

Financial Aid and Student Records
Admissions Center, Room 112
PO Box 6000 Binghamton, New York 13902-6000

Phone: 607-777-2428 Fax: 607-777-6897
Email: finaid@binghamton.edu
www.bingfa.binghamton.edu

Student Name: _____ B-Number: _____

Academic Eligibility

**To be completed by a Kateri Reagan, Senior Staff Assistant
Department of Teaching, Learning and Educational Leadership
Academic B, Room 126A:**

Program: _____

Please initial next to the requirement by which the student meets TEACH Grant eligibility:

The student scored above the 75th percentile on the Graduate Record Examination (GRE).

The student has achieved a 3.25 cumulative GPA (on a 4.0) scale on college coursework. The student must maintain this GPA during his/her enrollment in the program.

_____ Semester: _____

GPA: _____

I have discussed the following with the above named student:

s/he will be obligated to be a highly-qualified, full-time teacher in a high-need subject area at a school serving low-income students,

s/he must complete the four years of teaching within eight years of finishing the program for which the grant was received,

the definition of a Highly-Qualified Teacher according to federal law, and

_____ Education.

Signature: _____ Date: _____

To be completed in person with a Financial Aid Counselor after all other steps are completed:

I have discussed the following with the above named student:

that if s/he does not fulfill the requirements of the Agreement to Serve, s/he will be required to repay the grant as an Unsubsidized Federal Direct Student Loan with interest accrued and capitalized from the time of disbursement, the affect that the TEACH funding will have on other financial aid,

how to contact the Department of Education for additional information or in the event that the student is unable to meet the terms of the TEACH grant.

Binghamton University Financial Aid Counselor: _____

Signature: _____ Date: _____

Please indicate the date in which the following were completed:

FAFSA: _____ Entrance Counseling: _____ (TCHENT) Agreement to Serve or Repay: _____ (TCHATS)

Teach Grant Request for Review: _____ (TCHREQ)

Bring this completed form to the Financial Aid Office Admissions Center 112