LESLEY UNIVERSITY Let's wake up the world.℠

FINANCIAL AID
TEACH Grant
Teacher Confirmation Form

This form is not required of all TEACH Grant applicants. It is only for Current Teachers and Former Teachers. The submission of this form takes the place of the GPA requirement.

The Teacher Education Assistance for College and Higher Education (TEACH) Grant Program was instituted by the Department of Education in conjunction with the College Cost Reduction and Access Act passed by Congress. The TEACH Grant program is designed to assist students entering or continuing a teaching career in a high-need subject area in a school that serves low-income students.

Please visit our TEACH grant website for eligible academic programs and further information at http://www.lesley.edu/services/financial_aid/teach.html.

PLEASE NOTE: If you opt to receive a TEACH Grant but do not meet all requirements deemed necessary by the Department of Education, the TEACH Grant is converted into an Unsubsidized Stafford Loan with back-interest added from the date the TEACH Grant first credited to your student account. Once the Grant is converted into a loan, it cannot be converted back to a Grant. *Due to the serious consequences, it is very important that students only apply for this Grant if certain that all the conditions and obligations that the Grant requires will be met.*

Please complete this form and return it to our office to confirm that you are a current or former teacher. Please note that the signature of your Principal or Superintendent is necessary to complete this form.

A. TEACH Grant Teacher Confirmation *(To be completed by Principal or Superintendent)*

I hereby certify that _____, is a current teacher or was a former teacher at
Teacher's Name Here

_____.
Print Name of School

_____ _____ _____
Supervisor's Signature Printed name and title Today's Date

B. Student Information *(To be completed by Student)*

I understand by signing below that I am certifying that all information provided on this form is true to the best of my knowledge.

_____ _____
Your Signature Today's Date

_____ _____
Please PRINT your First Name, Middle Initial, Last Name Student I.D. Number or Social Security Number

Fax or Return this form to:

Lesley University
Office of Financial Aid
29 Everett Street
Cambridge, MA 02138

Tel: 1.800.999.1959, ext. 8581
Fax: 617.349.8667