

TEACH Grant Program Request Form

Student's ID# _____

Student's Name _____

_____ I **am not** interested in participating in the TEACH Grant Program at this time.

Student's signature declining participation in the TEACH Grant _____ Date _____

_____ I **am** interested in participating in the TEACH Grant Program at this time.

_____ I have read information provided by the St. Bonaventure University Office of Financial Aid.

_____ I have logged onto the Department of Education's web site and read the information provided.

_____ I understand if I do not complete the teaching requirement, the grant money I received will be converted to a Federal Direct Unsubsidized Loan with a fixed interest rate of 6.8% that must be repaid in full, with interest.

_____ I understand if I do not complete the teaching requirement, the interest on the Federal Direct Unsubsidized Loan will be charged from the date of the TEACH Grant disbursement when I was a student at St. Bonaventure University.

_____ I agree to complete the required online Entrance Counseling.

_____ I agree to complete the required in-person Entrance Counseling provided by the St. Bonaventure University Office of Financial Aid.

_____ I agree to complete the TEACH Grant Agreement to Service available on the Department of Education's web site.

Student's signature agreeing to participate in the TEACH Grant _____ Date _____