



UNIVERSITY OF HOUSTON - VICTORIA

Office of Financial Aid – Rm. 110 ■ 3007 N. Ben Wilson St. ■ Victoria, TX 77901
Email: FinAid@uhv.edu Fax: 361-580-5555 Ph: 361-570-4133

2011-2012 Teach Grant Consideration Form

UHV Student ID# _____ Student Name: _____

The Federal TEACH Grant has specific eligibility and service requirements. Before completing the TEACH Grant Consideration form, you should visit the Federal TEACH Grant web site at:

<http://studentaid.ed.gov/PORTALSWebApp/students/english/TEACH.jsp>.

- YES, I have completed a FAFSA. FAFSA website: www.fafsa.ed.gov
- YES, I have submitted a signed copy of my Current Degree Plan
- YES, I have completed the TEACH Grant Entrance Counseling Session at:
<https://teach-ats.ed.gov/ats/studentHome.action>
- YES, I have completed the TEACH Grant Agreement to Serve (ATS) at:
<https://teach-ats.ed.gov/ats/studentHome.action>

Check the GPA Requirement that applies to you:

- Continuing Undergraduate or Graduate Students:** I certify that I have established an overall GPA of 3.25 or higher at UHV.
- New Freshman Students:** I certify that I have scored above the 75th percentile on a college admissions test or maintained a FINAL cumulative GPA of at least 3.25.
- New Undergraduate Transfer Students:** I certify that I have established a 3.25 or higher overall GPA in my previous undergraduate coursework.
- New Graduate Students:** I certify that I have established a 3.25 or higher overall GPA in my previous undergraduate coursework.

YES, I certify that I am enrolled or accepted for enrollment as a degree-seeking student in a TEACH Grant eligible program (CHECK ONE BOX)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Science | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Other (please specify) _____ | |

List of high need fields by state: <http://www.ed.gov/about/offices/list/ope/pol/tsa.doc>

YES, I intend to teach in a Low Income school :

Name of school (optional): _____

The DOE approved list of low income schools is available at the following link:

<https://www.tcli.ed.gov/CBSWebApp/tcli/TCLIPubSchoolSearch.jsp>

STUDENT SIGNATURE: _____

DATE: _____