

Financial Aid Office

1032 West Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60660
Phone: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faupload>



Preparing people to lead extraordinary lives

2026–2027 Teach Grant Request

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

The Teacher Education Assistance for College and Higher Education (TEACH) Grant Program provides up to \$3,772* per year for graduate and undergraduate students who intend to **teach full-time in high-need subject areas** for at least **four years at schools that serve students from low-income families**. Students may receive up to \$16,000 for undergraduate study and up to \$8,000 for graduate study. Part-time students are eligible, but the maximum grant will be reduced.

Students who do not complete the teaching commitment required will have the grant converted to a Federal Direct Unsubsidized Loan. For complete information on the requirements, review the information provided by the U.S. Department of Education at <https://studentaid.ed.gov/sa/types/grants-scholarships/teach>.

Based on meeting **all** the following criteria, I request consideration for the TEACH Grant for 2026-2027:

- I plan to teach in one of the high-need subject areas (Bilingual Education and English Language Acquisition, Foreign Language, Mathematics, Reading Specialist, Science, Special Education, or another teacher shortage area listed in the Department of Education's Annual Teacher Shortage Area Nationwide Listing)
 - I plan to teach in the following high-need subject area _____
Name of high-need subject area
- I have a cumulative GPA (or transfer/high school GPA for new students) of 3.25 or scored above the 75th percentile on a college admissions test (e.g. SAT, ACT)
- I am enrolled in a TEACH Grant-eligible Teacher Preparation program _____
Name of major(s)

After submitting this form, I will:

- Complete the TEACH Grant online counseling session at studentaid.gov
- Complete the TEACH Grant Agreement to Serve at studentaid.gov

When all steps are complete, the Financial Aid Office will evaluate my eligibility, and notify me via email if a TEACH Grant award is paid.

Student Signature* _____ **Date** _____

**Typed and digital signatures are not acceptable*

**Amount may change due to federal sequestration*

TR 2027