

Spring/Summer TEACH Grant Application CERTIFICATION FOR U-M STUDENTS • 2017

2500 Student Activities Bldg. 515 E. Jefferson St. Ann Arbor, MI 48109-1316 Tel: 734-763-6600 FAX: 734-647-3081 email: financial.aid@umich.edu web: finaid.umich.edu

Online counseling through the U.S. Department of Education is required when applying for the federal TEACH Grant at https://teach-ats.ed.gov/ats/studentHome.action

Please check one:		
☐ I have completed the Initial Counseling Session receiving the TEACH Grant.	for 2016-2017 within the last 12 months and am currently	
I have completed the Initial Counseling Session (Note: You will need to submit a separate applic	for 2016-2017 as an entering student for Summer 2017. ation for 2017-2018 Fall-Winter TEACH.)	
Please complete this form, sign it a	nd submit it to the U-M Office of Financial Aid.	
STUDENT NAME(please print)	UMID (8 digits)	
TEACH GRANT-ELIGIBLE PROGRAM		_
Explain how your University of Michigan academic բ the TEACH Grant.	program will enable you to meet the service requirements of	
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understand the material presented. I understand the TEACH Grant, it will be permanently converted to an I further certify that my program of study meets the	e academic eligibility criteria defined by the University of e U-M Office of Financial Aid for a TEACH Grant, I must sign	
STUDENT SIGNATURE	DATE	