
TEACH Grant Application

2024-2025

Student Name: _____

Hope College ID Number: _____

Complete the information below to request your eligibility be reviewed for the Federal TEACH Grant. In addition to this form, you must complete the TEACH Grant Initial and Subsequent Counseling and a TEACH Grant *Agreement to Serve or Repay* (Agreement) at studentaid.gov.

You must submit a new application, counseling session and agreement each academic year that you would like to receive the TEACH Grant.

Please review the information below, check the box, sign and date.

- I have reviewed the TEACH Grant eligibility and awarding information available at: hope.edu/offices/financial-aid/teach.html

- I have completed the TEACH Grant Initial and Subsequent Counseling and TEACH Grant *Agreement to Serve or Repay* (Agreement) at: <https://studentaid.gov/teach-grant-program>

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature: _____

Date Signed: _____

(signature must be in ink)