

**TEACH GRANT REQUIREMENT CERTIFICATION FORM
for Undergraduate Students**Application deadline: **May 22, 2026**, for **Fall 2026 Semester**
Application deadline: **November 1, 2026**, for **Spring 2027 Semester**

Student Name: _____ Chapman ID: _____

Semester Application: Fall 2026 Spring 2027

Current Degree Program: _____

INSTRUCTIONS:

To request a TEACH Grant, read and complete the following form. Please initial next to each statement and return this signed form to the Undergraduate Financial Aid Office. Incomplete forms will not be returned or processed.

_____ I am academically qualified and maintain a GPA of 3.25 or I have tested above the 75th percentile on a nationally recognized college admissions test such as the ACT, SAT, or GRE (attach a copy of your test score), or I am a current teacher or retiree (in a high-need field), enrolled in a TEACH Grant eligible program. I understand that my GPA will be reviewed each semester, prior to disbursement of TEACH Grant funds.

_____ I have filed a FAFSA for the 2026-2027 award year and listed Chapman University (001164) in the school section. I understand that I must meet the Federal definition of an “eligible student” to receive this grant.

_____ I intend to be a highly qualified teacher and to teach in a low-income elementary or secondary school, as defined by the U.S. Department of Education’s “Low-Income School Directory,” which can be accessed at <https://studentaid.gov/tcli/>.

_____ I intend to teach in one of the 2026-27 designated high-need subject areas, such as: Elementary Education, English/Language Arts, Mathematics, Science, History/Social Sciences, or Special Education.

_____ I understand that I must complete the initial TEACH Grant Counseling at <https://studentaid.gov/teach-grant-program>. I completed this counseling on: _____.

_____ I understand that I must complete the Agreement to Serve (ATS) at <https://studentaid.gov/teach-grant-program>. I completed the Agreement to Serve on _____.

_____ I understand that if I do not meet the conditions of the grant outlined in the Agreement to Serve, the TEACH Grant will be converted to a Federal Direct Unsubsidized Loan, and the interest will be calculated back to the date of the initial grant disbursement.

_____ I understand that to prevent the TEACH Grant from becoming a loan, I must teach full-time for four of the eight years following the completion of my program in a high-need subject area and in a low-income school, regardless of the number of years I received the grant. If I fail to meet this requirement, my grant will become a loan. (NOTE: There is NO EXCEPTION or CREDIT given for part-time teaching or partial fulfillment of service.)

_____ I understand that if my grant is converted to a loan, it will remain a loan. Unless I meet the Reconsideration Process qualifications set forth by DOE.

_____ I understand that federal regulations require a student who has received a TEACH Grant to complete a TEACH Grant Exit Counseling session upon withdrawal from, or prior to completion of, their program of study.

_____ I am requesting the Chapman University Financial Aid Office to determine my eligibility for the TEACH Grant, and if I am eligible, to revise my award package to include this grant.

_____ I am a current undergraduate student and have sought advising from Chapman University Attallah College of Educational Studies regarding my program pathway.

_____ I understand that this grant has a high rate at which grants are converted to loans. The Department of Education projects that over 50% of the students receiving a TEACH Grant in the fiscal year 2025 will fail to complete their service obligation.

_____ I understand and have read the TEACH Grant Information presented on studentaid.gov. ([TEACH Grants | Federal Student Aid](#)).

Certification:

By signing this form, I certify that all the information reported on this form and any attachments hereto is true, complete and accurate. I agree to provide additional proof of the information I have reported, if requested to do so.

Student Signature: _____ Date: _____

Please return this form via email to finaid@chapman.edu