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UTC ID

Last Name

First Name

M.I.



# UTC Financial Aid Office

## 2024-2025 Graduate TEACH Grant Application

Please complete this form, including all necessary signatures and return it to:

**UTC Financial Aid/Dept 4805,  
615 McCallie Avenue, Chattanooga, TN 37403-2598 or by FAX 423-425-2292.**

If you need help, you may visit our office, contact us at 423 425-4677,  
or via email at [finaid@utc.edu](mailto:finaid@utc.edu).

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**Step 1:** Please answer the following questions to assist us in determining your eligibility:

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|--|-----|----|
| 1. Have you submitted your FAFSA?                                    | Yes | No |
| 2. Are you a US citizen or eligible non-citizen?                     | Yes | No |
| 3. Are you a current or retired teacher?                             | Yes | No |
| a. If yes, please provide documentation.                             |     |    |
| 4. Is your current GPA 3.25 or higher?                               | Yes | No |
| a. If no, was your Under Grad GPA 3.25 or higher?                    | Yes | No |
| 5. Did you score in the 75 <sup>th</sup> percentile on the GRE/GMAT? | Yes | No |

**Step 2:** Are you enrolled in any of the following TEACH-eligible majors? If yes, please indicate below. If no, you are not eligible to receive the TEACH Grant at this time.

- MED Elementary Education: Reading Specialist 6026 \_\_\_\_\_
- MED Secondary Education: Licensure 6054 \_\_\_\_\_
- MED Special Education: Early Childhood 6071 \_\_\_\_\_
- MED Special Education: Emotional/Behavioral Disab 6069 \_\_\_\_\_
- MED Special Education: Gifted Education 6073 \_\_\_\_\_
- MED Special Education: Individualized 6075 \_\_\_\_\_
- MED Special Education: Mild Disabilities 6065 \_\_\_\_\_
- MED Special Education: Moderate/Severe Disabilities 6067 \_\_\_\_\_
- MED SLED: Reading Specialist 6241 \_\_\_\_\_
- MS Mathematics: Education 6231 \_\_\_\_\_

**Step 3:** Within 3-5 business days after you submit this form you will receive an email from our office to schedule a one-on-one meeting, where you will have the opportunity to ask questions and receive more in-depth information.

*I (the student) understand that this request is based upon an individual review of my eligibility, and is not guaranteed approval. I also agree that any TEACH Grant funds received will be used for educational expenses only.*

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Student Signature

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Date