

you begin teaching.

Financial Aid May Hall, Room 111 Dickinson State University 291 Campus Drive Dickinson, ND 58601-4896

## **TEACH Grant Application**

Name:	Student ID:	
Current Address:	City:	State:Zip:
E-mail Address:	Р	hone:
Semesters Requested:		
Fall YEAR	Spring YEAR	Summer
Are you formally admitted into a Teacher E	ducation Program at DSU?	ES NO
If yes, which education program? _		-
Check which academic achievement require I scored above the 75 <sup>th</sup> percentile	on a college admissions test (ex: SAT,	ACT, GRE).
Do you intend to meet the <i>Agreement to Se</i> serves low-income students (Title I designa	<i>erve</i> requirement by teaching in a hig	-
YES NO		
Is the school (Title I designated school) you Designated Low-Income Schools for Teache		-
YES NO If yes,	which state?	
<b>NOTE:</b> Listings on both websites are subject BOTH your teacher education program and		