

Teach Grant Application

By Marking this box, I authorize that I teach in a field that qualifies me for the federal TEACH grant and I teach in an identified Title 1 School for the current aid year (as identified by the signature date of this application).

Student Name: _____ CSP Student ID #: _____

Student Signature: _____ Date: _____

State in which I teach: _____ Name of eligible Title 1 School in which I teach: _____

Subject Area/Academic Discipline in which I teach: (select one):

- Bilingual education
- English language acquisition
- Foreign language
- Mathematics
- Reading specialist
- Science
- Special education
- Another field documented as high-need by the Federal government, a State government, or a Local Education Agency, and approved by the Secretary (select one below).
 - Agricultural Education
 - Chemistry
 - Communication/Technology Careers
 - Computers/Keyboarding
 - Construction Careers
 - Dance
 - English as a Second Language
 - Mathematics
 - Medical Careers
 - Middle Level Science (Grades 5-8)
 - Parent and Family Education
 - Physics
 - Reading
 - School Psychologists
 - Special Education
 - Transportation Careers
 - Blind or Visually Impaired
 - Deaf and Hard of Hearing
 - World Languages Cultures
 - Speech-Language Pathologists
 - Teacher Coordinator: Work-based
 - Theatre
 - Early Childhood
 - Developmental Disabilities
 - Emotional Behavioral Disorder
 - Physical and Health Disabilities
 - Learning Disabilities
 - Other: _____

Complete and return this form to:

Concordia University
Student Financial Services Office
1282 Concordia Avenue
St. Paul, MN 55104
FAX: (651) 603-6298