The University of North Carolina at Pembroke Office of Financial Aid

Office: 910-521-6255

Fax: 910-775-4159

TEACH Grant Request Form

Name:			Banner ID#	
	(Please Print)			
Mailing Address:				
E-Mail Address:			Phone:	
	Indicate below w	hich semester you	are requesting TI	EACH Grant
	Fall Semester	Spring Semester	Maymester	Summer I
		the TEACH Grant eligil ants-scholarships/teach	oility criteria. You ma	y refer to the fact sheet on the web
I have filed t	the 2025-2026 FAFSA			
I am a U.S.	citizen or eligible non-c	ritizen		
I scored at the	he $75^{\scriptscriptstyle ext{\tiny h}}$ percentile on a c	college admission test/or	maintain a cumulative	3.25 GPA
I have a pre	e-education major code	indicated as part of my	student record	
I plan to tead	ch in an identified teacl	her shortage, high-need f	ield	
I plan to tea	ch in a school serving l	ow-income students		
Identified t	field:		-	
Is this a fee	deral or state field:			
If it is a sta	te field, in which state o	lo you plan to teach:		
Enrollment: Fall 2	025 credit hours;	Spring 2026 credit l	nours; Summer 2026	5credit hours
Are you an undergi	raduate or a graduate st	udent?		
I verify that the abo Financial Aid Offic		ct and understand if I m	ake any changes it is r	my responsibility to notify the
Student Signature			Date:	
	(Flectronic si	matures not acceptable)		