

TEACH
Grant Application 2016-2017



Office of Financial Aid & Scholarships
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Student Name (print) _____ Student ID _____

I would like to apply for the TEACH Grant. I have read all the requirements for the TEACH Grant and agree to the terms and conditions of the award. I fully understand that if I do not fulfill the requirements, this grant will revert to an Unsubsidized Stafford loan with interest that has been accruing from the first day of disbursement.

Student Name (print) _____ Date _____

Daytime Number _____