



FINANCIAL AID & SCHOLARSHIPS OFFICE
1000 East Victoria Street
Carson, California 90747
PHONE: (310) 243-3691

CSUDH ID: _____ Today's Date: _____

Financial Aid Document Submission Cover Sheet

Please complete the information requested below, submit this form along with your documents.

REMINDER: When uploading your documents to the **online [Dropbox](#)**, please exercise caution when using Free WiFi or Public Computers as these are not secure.

Student Name: _____
Enter Last Name, First Name, MI

Toro Email Address: _____

Phone Number: _____
(Area Code) (i.e. 222-1234)

*Note: Please be sure to include your **CSUDH student ID number** on each page submitted and allow up to 4 business days for your **To Do List** to be updated.*

SUBMISSION INSTRUCTIONS:

On the following page(s), complete all requested information using the fillable document below. Your document must be complete to be accepted by the Financial Aid & Scholarships Office. Forms that are incomplete will remain on your To Do List in the Student Center.

1. Upon completing this document, scroll to the bottom where you are asked to sign and date. Provide your wet signature. Typed/font signatures are not acceptable.
2. **Save your document. Name your document with your first name, last name, and CSUDH ID number**
3. If you have attachments, please have them ready to upload to the online Dropbox
4. Return to the [Financial Aid Forms](#) page, go to the **blue Dropbox Folders** section, **select the icon that corresponds with your last name**, use the **“Add Files”** or **“drag stuff here”** option to upload your documents. **Emailed documents will not be accepted.**
5. Once all documents have been submitted, be sure to close your browser.

In furtherance of CSU Dominguez Hill's mission of accessibility and commitment to excellence through diversity, equity, and inclusion, CSUDH strives to ensure that its information and communication technology is accessible to everyone. If you need assistance in completing this form because of a disability, please contact us at (310) 243-3660

Student's Name: _____

CSUDH ID# _____



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2024-2025

Teacher Education Assistance for College and Higher Education Program (TEACH) Request Form

The Teacher Education Assistance for College and Higher Education (TEACH) Grant program is available for selected credential and master's degree program. This federal grant is awarded to students who plan to become teachers and agree to teach full-time in a high need field, for at least four academic years at an elementary school, secondary school, or educational service agency that serves low-income families within eight academic years of completing the program of study for which the grant was received. If a grant recipient does not meet the service requirements, all TEACH Grant funds received, either by refund or applied toward fees, will be converted to a Federal Direct Unsubsidized Loan that must be repaid with interest accruing from the date each grant disbursement was made.

Due to the Budget Control Act of 2011 (the sequester law), the maximum TEACH grant award amount for the 2024-2025 academic year is \$3,772. The award amount will be prorated if enrolled less than full time.

For TEACH Grant consideration, complete and submit this signed form to the electronic Financial Aid Dropbox located at https://www.csudh.edu/financial-aid/forms/:

I have completed and submitted a 2024-2025 FAFSA. Yes No
My current GPA is at least a 3.25. Yes No

I am admitted and enrolled in a:
Single subject teaching credential program (Subject: _____)
Multiple subject teaching credential program (Subject: _____)
Master's of Art in Education: Concentration: _____

I am currently enrolled in courses that are necessary to begin a career in teaching in one of the specific high-need fields listed. Please place a check next to the subject area.

- Mathematics Science, including, but not limited to, computer science
Foreign language Reading specialist
Bilingual education English language acquisition
Special education

* To view the 2024-2025 Teacher Shortage Area Nationwide Listing, please visit: https://tsa.ed.gov. To see the listing click on "View Report" tab.

I acknowledge and understand the terms of the TEACH Grant program and will complete the Agreement to Serve and the TEACH Entrance Counseling session.

Signature _____ Date _____

For Office Use Only

SSN: _____ GPA: _____ Academic Level: MA CRED FPS Tran. #: _____ ATB Code: _____ NSLDS:
CIP Code: _____ Program Length: _____ Program Credential Level: 05 (MA) 99 (CRED)
ATS: TGE:
F'24 units: _____ F'24 disb: _____ Sp'25 units: _____ Sp'25 disb: _____ Sum'25 units: _____ Sum'25 disb: _____