I understand that the TEACH Grant is a grant only so long as I fulfill my obligation

_____ To teach **full-time** in a low-income school.

_____ To teach in a high need field **in more than half of the classes that I teach during each school year** (Math, Science, English Language Learners or Special Education).

_____ To teach **full-time** for a total of at least **four school years within eight years after completing the Teach Next Year program or Boston Teacher Residency (BTR) program/ESL**

_____ I understand that if I **do NOT** fulfill this obligation the Teach Grant will be **converted into a Federal Direct Unsubsidized Stafford Loan which I will have to repay in full with interest from the date of each TEACH Grant disbursement.**

_____ I understand that if a TEACH Grant is converted to a Federal Direct Unsubsidized Stafford Loan, I will receive a six month grace period that begins on the day after the grant is converted to a loan. I am not required to make payments on the Federal Direct Unsubsidized Stafford Loan during this six-month grace period, but interest will continue to accrue. The repayment period on the loan begins on the day after the six-month grace period ends.

_I, the undersigned, have read and fully understand the above. By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a $20,000 fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all Federal financial assistance._

_________________________________________  ______________________
Student Signature                                      Date


Financial Aid Services
PO Box 850, Randolph, MA 02368
617.287.6300 (p) 617.287.6323 (f)