

| STUDENT NAME: | |
|-------------------|---------------------------|
| WIN: | WMU Student Financial Aid |
| DAYTIME PHONE: | 1903 W Michigan Ave |
| | Kalamazoo MI 49008-5337 |
| ADDRESS: | (269) 387-6000 |
| CITY, STATE, ZIP: | finaid-info@wmich.edu |
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| 2023-24 FEDERAL TEACH GRANT APPLICATION - UNDERGRADUATE | | | |
|--|-----------------------------|---|--|
| This form must be received Please complete the inform | | ays prior to your last date of er | nrollment for the 2023-24 academic year. |
| time in my subject area for a | at least four years at scho | | rogram at WMU and intend to teach fullow income families within eight years of . |
| Indicate the semester(s) for | which you will be enrolle | d and wish to receive the Fed | eral TEACH Grant: |
| Summer II 2023 | Fall 2023 | Spring 2024 | Summer I 2024 |
| | you do not meet ALL the | requirements as noted on the | nterest accumulated from the beginning Agreement to Serve. |
| • • | on (and your FAFSA), you | must complete the following <i>i</i> offered, Western will not recei | AFTER you have been offed the TEACH ve your information. |
| Federal TEACH Grant Initial https://studentaid.gov/teac | | g and Agreement to Serve (AT | S) at |
| | | each for additional eligibility re ance counseling and a new ag | equirements. Every year you receive a reement to serve. |
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| STUDENT SIGNATURE: | | | DATE: |

Return your completed form to Bronco Express in the Student Financial Aid office. You may also use your WMU email or mail to the address above. Be sure to include your name and WIN on all pages. Missing information may delay the processing of financial aid.