

Teach Grant Request Form

2025-2026

Submit via: Confidential Document Submission Portal: <https://www.csub.edu/finaid/upload>
or Return to: California State University, Bakersfield
Office of Financial Aid & Scholarships
48 SA
9001 Stockdale Highway, Bakersfield, CA 93311-1022
Telephone: (661)654-3016 FAX: (661)654-6800 Web: <http://www.csub.edu/financial-aid> E-Mail: finaid@csb.edu



FTGRO

Student Name: _____ CSUB Id: _____
(Please print)

By requesting a Federal Teach Grant, I understand that I am responsible for knowing all conditions of eligibility, including but not limited to the following:

Eligibility of Disbursement:

- I understand my CSU Bakersfield GPA must be 3.25 or higher
- I understand my award will be pro-rated based on enrollment
- I understand that my combined financial aid from all sources may not exceed my Cost of Attendance (COA).
- I understand that receiving the Teach Grant may affect my other aid.
- I understand that TEACH Grant funds will be paid after CENSUS date of the semester(s) for which I have applied and am eligible.
- I understand I must complete the TEACH Grant Counseling and TEACH Grant Agreement to Serve: <https://studentaid.gov/teach-grant-program>

Agreement to Serve & Annual Certification

You will need your FSA ID and Password (the same one that you used on your FAFSA).

- For every year that I receive a TEACH Grant, I understand I must complete the online Agreement to Serve (available once school creates award) and TEACH Grant Counseling at <https://studentaid.gov/teach-grant-program>
- Upon completion of my program (or when I cease to be enrolled in the program) I understand:
 - I must complete TEACH Grant Exit Counseling. : <https://studentaid.gov/teach-grant-program>
 - I must complete the TEACH Grant annual certification: <https://studentaid.gov/teach-grant-program>
 - I will NOT receive reminders from CSU Bakersfield, nor from the Department of Education.

___ I understand that I have 14 days, from the date the grant funds are delivered to my CSUB fee account, to request cancellation of the grant. After 14 days, if I wish to cancel the grant, I may be required to repay it as an unsubsidized loan with interest due from the date of delivery.

Certification & Signature

Signing below certifies that all the reported information is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student Signature _____

Date _____