



NAME: \_\_\_\_\_ OBU ID: \_\_\_\_\_

MAJOR: \_\_\_\_\_

CLASSIFICATION IN 2025-2026:  Freshman  Sophomore  Junior  Senior  Graduate Program

Complete this form if you have a 3.25 GPA or a 27 ACT score and would like the Office of Student Financial Services to review your eligibility for the TEACH Grant.

**You must acknowledge the following:**

- I understand that I will be required to sign an **Agreement to Serve** and complete **TEACH Grant Counseling** at [studentaid.gov](http://studentaid.gov) each year before any TEACH Grant funds can be disbursed to Ouachita Baptist University on my behalf.
- I understand that if I do not complete my **TEACH Grant-eligible academic program**, my TEACH Grant will permanently convert to an Unsubsidized Federal Direct Loan that will have to be repaid with interest, retroactive to the date I received the award.
- I understand that if I do not meet the **service requirement** (teaching obligation) upon completion of my TEACH Grant-eligible academic program, my TEACH Grant will permanently convert to an Unsubsidized Federal Direct Loan that will have to be repaid with interest, retroactive to the date I received the award.
- I understand that the minimum service (teaching obligation) required for a TEACH Grant is **four years of full-time service in a designated teacher-shortage area in a designated low-income school**. The four years of full-time service must be completed within eight years from the completion of my TEACH Grant-eligible academic program.
- I understand that it is my sole responsibility to **report my progress toward completion of the service requirement** (teaching obligation) to the U.S Department of Education on an annual basis.

My signature on this form confirms my intention of receiving the TEACH Grant, which may become a loan as described above if I do not fulfill all federal requirements as determined by the U.S. Department of Education. I also confirm that the decision to accept the TEACH Grant is my own: If I do not agree to the fulfillment requirements, or I do not believe I will be able to meet them, I should not submit this form to the Ouachita Baptist University Office of Student Financial Services.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

After turning in this form, the Ouachita Baptist University Office of Student Financial Services will confirm your eligibility based on all criteria. If you meet all criteria, your financial aid package will be updated to include the TEACH Grant. Once your Teach Grant is processed, you will be notified to go to [studentaid.gov](http://studentaid.gov) to complete your Agreement to Serve and annual counseling requirement.