



- TEACH GRANT /R

This document will be used for teachers, former teachers, or retirees applying for the TEACH Grant at Salem State University.

Student Name (Print)

Student ID



I certify that _____ is a current teacher or former teacher at
(Student Name)

_____ and taught _____.
(Name of School) (Grade Level and Subject Matter)

Principal or Superintendent Signature

Print Name

Date



I, _____, state that I am a retiree, based upon SSI rules, and
(Student Name)

I have attached documentation verifying my status.



I certify that the above is correct and accurate.

Student Signature

Date

(Form updated 01/06/2023)