



GRAND CANYON UNIVERSITY

TEACH Grant Teacher Verification Form

Award Year 2016-2017

Student Name: _____ **GCU Student Number:** _____

I certify that the above named student of Grand Canyon University is currently serving as a full-time, certified teacher at:

located in the state of _____.

I understand this information will only be used for the purpose of determining eligibility along with other factors for a TEACH Grant for this employee while attending Grand Canyon University during the 2016-2017 award year.

Print Name: _____ Title: _____

Phone No.: _____ Date: _____

School Representative Signature*: _____

**Signature of school official certifies the above student is currently teaching full-time as defined by the institution or governing district*

NOTE: HANDWRITTEN SIGNATURE REQUIRED – TYPED/ELECTRONIC SIGNATURE NOT ACCEPTED

01132016