



GRAND CANYON UNIVERSITY

TEACH Grant Teacher Verification Form

Award Year 2018-2019

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 2018-2019 award year.

School Representative Name (Print): _____

Title: _____ Phone No.: _____

Date: _____

School Representative Signature*: _____

**Signature of school official (Principal, Human Resources, or Superintendent) 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

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