

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL
BE RETURNED TO THE STUDENT FOR COMPLETION.**

**SCHOOL OF DENTAL MEDICINE
FINANCIAL AID APPLICATION
2017-2018**

Return To: taw63@pitt.edu - save completed PDF and email

1. _____ / ____ / _____
People Soft ID # Social Security # Birthdate Class of (year)

2. _____
Last Name First Name MI

3. _____
Current Mailing Address Apartment #

4. _____
City State Zip code

5. (____) _____ (____) _____
Home Telephone # Other Phone #

E-Mail Address _____ **Gender:** _____

6. **Academic Status for 2017-18:**

DMD: 1st Year 2nd Year 3rd Year 4th Year 5th Year

Dental Resident: Program/Dept. _____

7. **Anticipated Graduation Year:** 2018 2019 2020 2021

8. **Marital Status:** Single_ Married # Dependents (NOT spouse)_____

9. **Family Status:** Complete the following information regarding all members of **your** household for the **2017-18** academic year. If no such information is available, indicate with "NA". Use reverse if needed.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>2017-18 College</u>
Student Applicant	_____	Self	Pitt-DMed
_____	_____	Spouse	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that I have dependent child/children as indicated above and require support of the additional \$2,000 per dependent allowance. _____

(SIGNATURE)

10. Residency Status: Tuition charged to student is IN STATE or OUT OF STATE
(Check one)

11. Student is in **DEFAULT** of educational loan: NO YES

12. This is the student's **FIRST TIME** applying for **DMed** aid: NO YES
If **YES**, is this student a transfer? NO YES

13. Will **PARENTAL INCOME INFORMATION** be submitted for HPL consideration?
(DMD Predoctoral Program Only) NO YES

The following questions relate to **Student/Spouse 2015** income tax information and should be answered as indicated.

14. Was a 1040/A/EZ be filed for 2015 for financial aid consideration? **NO** **YES**

If NO, indicate reason:

No taxable income received

Taxable income less than \$2,000 Federal filing minimum

OTHER (please explain): _____

15. I am receiving military scholarship aid. **No** **Yes** **BRANCH** _____

16. Citizenship

I am a US Citizen

I am an eligible noncitizen: _____

OTHER: (explain) _____

17. **Minority and Disadvantaged Information Collection (DMD Predoctoral Program Only)**

Please check the letter (and additionally check each that applies):

A) Applicant is a member of underrepresented population group (if applicable, please check one):

American Indian or Alaska Native: A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Asian

Asian (Underrepresented): (i.e., Cambodian, Vietnamese, Malaysian).

_____ (please indicate under-represented group)

Black or African American: A person having origins in any of the Black racial group of Africa.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

B) Applicant has provided the requested proof of family income **with appropriate signatures** for the purpose of determining students from economically disadvantaged backgrounds based on the following guidelines. Size of parent's family is the number of exemptions claimed on the parent's 2015 Federal Income Tax return.

<u>Size of Parent's Family</u>	<u>(Adjusted Gross) Income Level</u>
1	\$11,880
2	\$16,020
3	\$20,160
4	\$24,300
5	\$28,440
6	\$32,580
7	\$36,730
8	\$40,890

C) Applicant is among first generation of the immediate family to graduate college.

Acknowledgements and Required Signatures

I certify that all of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that proof may include an official copy of my **2015 1040/A/EZ**, State or local tax returns. I also realize that if I do not provide such proof when asked, that I (the student) may not receive financial aid and that incorrect information may result in a reduction or cancellation of financial aid.

Student signature

Date

Spouse signature

Date