

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Application Deadline is March 28, 2025

**SCHOOL OF DENTAL MEDICINE
FINANCIAL AID APPLICATION**

2025-26

1. _____ / / _____

People Soft ID #

Social Security #

Birthdate

2. _____

Last Name

First Name

MI

3. _____

Current Mailing Address

Apartment #

4. _____

City

State

Zip code

5. (_____) _____ (_____) _____

Home Telephone #

Cell Phone #

E-Mail Address _____

Gender: _____

(non-Pitt email)

6. Academic Status for 2025-26:

DMD: 1st Year

2nd Year

3rd Year

4th Year

OR

Dental Resident: Program/Dept. _____

7. Anticipated Graduation Year: 2026

2027

2028

2029

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

9. **Family Status:** Complete the following information regarding all members of **your** household for the **2025-26** academic year. If no such information is available, indicate with “NA”.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>2025-26 College</u>
Student Applicant	_____	Self	Pitt-DMed
_____	_____	Spouse	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that I have dependent child/children under the age of 15, as indicated above, and require support of the additional \$2,000 per dependent allowance. Additional information will be required.
Initials

10. Residency Status: **Tuition charged to student is** IN STATE **or** OUT OF STATE

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

12. This is the student’s **FIRST TIME** applying for aid: NO YES

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

The following questions relate to **Student/Spouse 2023** income tax information and should be answered as indicated.

14. Was a 1040/A/EZ filed for 2023? If NO **NO** **YES**
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 Status:

I am a US Citizen

I am an eligible noncitizen: _____

OTHER: (explain)_____

17. **Minority and Disadvantaged Information Collection** 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.

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 2023 Federal Income Tax return.

<u>Size of Parent's Family</u>	<u>(Adjusted Gross) Income Level</u>
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36, 580
6	\$41,960
7	\$47,340
8	\$52,720

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 provided on this form. I realize that proof may include an official copy of my 2023 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

Name your file last name, first name and upload to your Class Canvas organization.

**Any questions or concerns reach out
to: taw63@pitt.edu**