



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

9. **Family Status:** Complete the following information regarding all members of **your** household for the **2021-22** 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>2021-22 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. \_\_\_\_\_ (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 2019** income tax information and should be answered as indicated.

**14.** Was a 1040/A/EZ filed for 2019 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 2019 Federal Income Tax** return.

<b><u>Size of Parent's Family</u></b>	<b><u>(Adjusted Gross) Income Level</u></b>
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660

- 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 2019 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.

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**Student signature**

**Date**

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**Spouse signature**

**Date**

- [Upload your completed application](#) - Name your file last name, first name.

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