

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**Application Deadline is March 30, 2026**

**SCHOOL OF DENTAL MEDICINE  
FINANCIAL AID APPLICATION**

**CLASS OF 2030**

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

7. **Family Status:** Complete the following information regarding all members of **your** household for the **2026-27** academic year. If no such information is available, indicate with "NA".

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>2026-27 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) Additional information will be required.**

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

9. Will **PARENTAL INCOME INFORMATION** be submitted for Health Professions Loan consideration?  
**(parental 2024 AGI \$90,000 or less)**                      **NO**                      **YES**

The following questions relate to **Student/Spouse 2024** income tax information and should be answered as indicated.

**10. Was a 1040/A/EZ filed for 2024? If NO** **NO** **YES**  
**indicate reason:**

No taxable income received

**Taxable** income less than Federal filing minimum

OTHER (please explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**11. I am receiving military scholarship aid.** **No** **Yes** **BRANCH** \_\_\_\_\_

**12. Citizenship Status:**

I am a US Citizen

I am an eligible noncitizen: \_\_\_\_\_

OTHER: (explain)\_\_\_\_\_

\_\_\_\_\_

### 13. Minority and Disadvantaged Information Collection

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 2024 Federal Income Tax return.

	<b><u>Size of Parent's Family</u></b>	<b><u>(Adjusted Gross) Income Level</u></b>
1		\$15,960
2		\$21,640
3		\$27,320
4		\$33,000
5		\$38,680
6		\$44,360
7		\$50,040
8		\$55,720

- 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 2024 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 (if applicable)**

**Date**

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

**Any questions or concerns reach out  
to [financialaid@dental.pitt.edu](mailto:financialaid@dental.pitt.edu)**