

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**Application Deadline is March 30, 2023**

**SCHOOL OF DENTAL MEDICINE  
FINANCIAL AID APPLICATION**

**2023-24**

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 #                      Cell Phone #

E-Mail Address \_\_\_\_\_ Gender: \_\_\_\_\_  
*(non-Pitt email)*

6. Academic Status for 2023-24:

**DMD:** 1<sup>st</sup> Year                      2<sup>nd</sup> Year                      3<sup>rd</sup> Year                      4<sup>th</sup> Year  
**OR**

**Dental Resident:** Program/Dept. \_\_\_\_\_

7. Anticipated Graduation Year: 2024                      2025                      2026                      2027



The following questions relate to **Student/Spouse 2021** income tax information and should be answered as indicated.

**14.** Was a 1040/A/EZ filed for 2021 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.

**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 2021 Federal Income Tax return.

| <b><u>Size of Parent's Family</u></b> | <b><u>(Adjusted Gross) Income Level</u></b> |
|---------------------------------------|---|
| 1                                     | \$14,580                                    |
| 2                                     | \$19,720                                    |
| 3                                     | \$24,860                                    |
| 4                                     | \$30,000                                    |
| 5                                     | \$35,140                                    |
| 6                                     | \$40,280                                    |
| 7                                     | \$45,420                                    |
| 8                                     | \$50,560                                    |

- 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 2021 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**

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**Date**

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**Spouse signature**

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**Date**

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

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