

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

**SCHOOL OF DENTAL MEDICINE  
FINANCIAL AID APPLICATION  
2019-2020**

Return To: [taw63@pitt.edu](mailto: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 2019-20:

**DMD:** 1<sup>st</sup> Year                      2<sup>nd</sup> Year                      3<sup>rd</sup> Year                      4<sup>th</sup> Year                      5<sup>th</sup> Year

**OR**

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

7. Anticipated Graduation Year: 2020                      2021                      2022                      2023

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

9. **Family Status:** Complete the following information regarding all members of **your** household for the **2019-20** 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>2019-20 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 2017** income tax information and should be answered as indicated.

**14.** Was a 1040/A/EZ filed for 2017 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 2017 Federal Income Tax** return.

<b><u>Size of Parent's Family</u></b>	<b><u>(Adjusted Gross) Income Level</u></b>
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

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 2017 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**