

FINANCIAL NEEDS ASSESSMENT PAGE 1

Please type all information.

To determine financial need, The Michigan Dental Association Foundation Scholarship Committee requests that its Financial Needs Assessment Form be completed and submitted to your Financial Aid Office. The Financial Aid Office will be responsible for analyzing and completing this form, which must be received in our office by November 15 for fourth year dental students and dental hygiene students, and February 15 for third year dental students and dental assisting students.

Candidate

I hereby authorize the release of my Financial Needs Assessment to the Michigan Dental Association Foundation Scholarship Committee for the purpose of determining my financial need and citizenship/Michigan Residency. I understand this information will be kept strictly confidential.

Name: _____ Social Sec. Number: _____

Candidate Signature: _____ Date: //

Financial Aid Officer

The named candidate is applying for the Michigan Dental Association Foundation Scholarship. In order to consider this candidate's application, it is necessary to have this Financial Needs Assessment Form completed.

Only US citizens/Michigan residents are eligible to apply.

FINANCIAL AID OFFICE COMPLETE REMAINDER OF INFORMATION ON THIS PAGE ↓			
FINANCIAL AID OFFICER NAME:			
FINANCIAL OFFICER SIGNATURE AND TITLE:			
SCHOOL:			
TELEPHONE:			
DATE: <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>			
Financial Information Based on current School Year:			
	EXPENSES		AVAILABLE FUNDS
Tuition/Fees		Loans	
Books/Supplies		Scholarships & Grants	
School Year Living Expenses		Family Support	
Other Category You Want Considered Specify Here:		Other Income	
TOTAL EXPENSES HERE ➡ :		TOTAL AVAILABLE FUNDS HERE ➡ :	
IS THE CANDIDATE A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE CANDIDATE A RESIDENT OF THE STATE OF MICHIGAN? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE CANDIDATE ENROLLED FULL TIME IN YOUR PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			

The Candidate Must Also Complete the Financial Needs Assessment Page 2

Note: To ensure consideration, this information must be sent to The MDAF Scholarship Fund, 3657 Okemos Road, Suite 200, Okemos, MI 48864-3927 and received no later than November 15 for dental hygiene students, and February 15 for dental students and dental assisting students. Thank you for your assistance.

FINANCIAL NEEDS ASSESSMENT PAGE 2

Please respond to the following questions to provide more specific information regarding your financial need and limit your responses to the space provided.

1. Describe why your living expenses are greater than projected by the school, and/or what measures you have taken to decrease your living expenses.

2. Are you currently employed while in school? If so please describe the type of work, hours, and how this has helped defray the cost of your education. If you are not currently employed, please describe why you have chosen not to, or what responsibilities preclude you from doing so.

3. Briefly describe your long term plan for paying down your student debt

4. Please describe any other financial responsibilities or obligations that are not reflected here, that will provide us with a clearer picture of your financial need.