



COLLEGE OF DENTISTRY
APPLICATION FOR FINANCIAL AID

PLEASE PRINT

NAME _____ DOB _____

SS # _____ UFID# _____ YEAR ADMITTED _____

ADDRESS _____

EMAIL _____

Circle your official classification for the current year: as determined by the College of Dentistry.
1DN 2DN 3DN 4DN

General Information: To receive UFCD financial aid, you must:

- 1) Complete this application and return it to UFCD Financial Aid Office (D3-17A). Applications received after the deadline date will be considered late and will be reviewed after we have reviewed all applications that were turned in on time.
2) Complete a Free Application for Federal Student Aid (FAFSA), www.fafsa.ed.gov. PLEASE NOTE ON FAFSA: a) Parental information is required of all applicants who wish to be considered for UFCD scholarships or Federal Title V11 funds. b) The University of Florida's Institutional School Code is (001535)
3) Be a full-time student in good standing.

NOTE: Formal awards will not be considered until students are enrolled at the University of Florida and have turned in ALL forms to the College of Dentistry's Financial Aid Office.

SECTION A - Personal Information

1) _____
Local Address City State Zip Phone Number

2) _____
Permanent Address City State Zip Phone Number

3) Students Marital Status:

4) a) Number of children _____ b) Age of each child _____
c) Does each child live with you (here in Gainesville)? Yes _____ No _____

5) Place of Birth _____
(City) (State) (Country)

SECTION B - Financial Information (THIS ENTIRE SECTION MUST BE COMPLETED)

Are you eligible for Veteran's Benefits?

Social Security Benefits?

If yes, how much will you receive per month \$ _____ When will benefits expire? _____

FATHER/GUARDIAN
Name:
Age:
Employer:
Position:
Annual Income:
MOTHER/GUARDIAN
Name:
Age:
Employer:
Position:
Annual Income:
SPOUSE
Name:
Age:
Employer:
Position:
Annual Income:

I certify that the information given on this application is correct to the best of my knowledge. In addition, I certify that any funds which I receive as a result of this application will be used solely for educational expenses related to continued attendance at the University of Florida.

(Signature)

(Date)

PLEASE RETURN TO:

College of Dentistry
Office of Student Financial Aid
PO Box 100445
University of Florida
Gainesville, FL 32610-0445
Phone (352) 273-5955 (352) 846-0311 (fax)