

Financial Needs Assessment

To the Applicant:

The ODA Foundation requests its Financial Needs Assessment be signed and submitted to your school's financial aid office. The financial aid office will be responsible for completing this form. The completed form must be uploaded as a PDF with your online application.

I hereby authorize the release of my Financial Needs Assessment to the ODA Foundation only for the purpose of determining my financial need. I understand the information will be kept strictly confidential **and that the ODAF may request additional information from the Financial Aid Office related to this application.**

Applicant Signature _____

Applicant Printed Name _____ Date _____

To the Financial Aid Officer:

The student named above is applying for the ODA Foundation Dental Student Scholarship. In order to consider this student's application, it is necessary to have this Financial Needs Assessment Form completed. You can send/give the completed form directly to the student.

Name of Applicant: _____

Is the applicant an Ohio resident? ☐ Yes ☐ No

Is student eligible for student loan assistance? ☐ Yes ☐ No

A. School Expenses for 2023/24 school year B. Financial Resources

(Do not include housing)

Tuition: \$ _____

Fees: \$ _____

Books: \$ _____

Supplies: \$ _____

Scholarships/Grants: _____ Source Amount \$ _____

Family Contribution: _____ \$ _____

Employment Earnings: _____ \$ _____

Other Income (incl. spouse:) _____ \$ _____

Subtotal of \$ _____

2023/24 School Expenses

Subtotal of Financial Resources \$ _____

C. Financial Loans: Source

Loan Received: _____ Eligible Amount \$ _____

Loan Received: _____ \$ _____

Loan Received: _____ \$ _____

Loan Received: _____ \$ _____

Subtotal of Financial Loans \$ _____

Summary Total

1. Indicate: Subtotal of School Expenses (A) \$ _____

2. Subtract: Subtotal of Financial Resources (B) \$ _____

3. Equals:

Unmet Financial Need \$ _____

List other scholarships/grants and amounts awarded for the 2023/24 school year:

Signature

Financial Aid Officer's Signature _____ Date _____

Financial Aid Officer's Printed Name _____ Title _____

School Name _____ Phone Number _____