

# 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 2024/25 school year B. Financial Resources

(Do not include housing)

	Source	Amount
Tuition: \$ _____	Scholarships/Grants: _____	\$ _____
Fees: \$ _____	Family Contribution: _____	\$ _____
Books: \$ _____	Employment Earnings: _____	\$ _____
Supplies: \$ _____	Other Income (incl. spouse:) _____	\$ _____

**Subtotal of 2024/25 School Expenses** \$ \_\_\_\_\_

**Subtotal of Financial Resources** \$ \_\_\_\_\_

C. Financial Loans:	Source	Eligible Amount
Loan Received: _____		\$ _____
Loan Received: _____		\$ _____
Loan Received: _____		\$ _____
Loan Received: _____		\$ _____
<b>Subtotal of Financial Loans</b>		<b>\$ _____</b>

#### 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 2024/25 school year:

\_\_\_\_\_  
\_\_\_\_\_

## Signature

Financial Aid Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid Officer's Printed Name \_\_\_\_\_ Title \_\_\_\_\_

School Name \_\_\_\_\_ Phone Number \_\_\_\_\_