

# TDHA Scholarship Program

## FINANCIAL NEEDS ASSESSMENT FORM

**To the applicant:** (please print or type)

I hereby authorize the release of my college record to the TDHA Scholarship Program.

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ TX \_\_\_\_\_  
Street City Zip Code

Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Dear Financial Aid Officer:

The student is applying for a Texas Dental Hygienists' Association Scholarship. In order to consider their application, it is necessary that we have this Financial Needs Assessment completed. The student has filed a Free Application for Federal Student Aid (FAFSA) directing the information to be sent to your attention.

Failure to COMPLETELY fill out this form will jeopardize the applicant's consideration for the scholarship. Please return this form to the student to include with their application.

**FINANCIAL NEEDS ASSESSMENT FOR:** \_\_\_\_\_  
Name of Scholarship Applicant

Academic Year: \_\_\_\_\_

### Expenses

|                                     |                                                         |
|-------------------------------------|---------------------------------------------------------|
| Tuition _____                       | Grants Received or expected _____                       |
| Fees _____                          | Estimated Family Contribution (FARSA) _____             |
| Books _____                         | Total Grants + EFC _____                                |
| Supplies _____                      | Overall Financial Needs Assessment                      |
| Living Expenses _____               | (subtract Total Grants + EFC from Total Expenses) _____ |
| Other (including instruments) _____ |                                                         |
| <b>Total Expenses</b> _____         |                                                         |

Financial Aid Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_