

2023 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) _____

Total Expenses _____

Financial Aid Officer's Name: _____ Signature: _____

Email Address: _____ Telephone: (____) _____