

UNIVERSITY OF THE
PACIFIC
 Arthur A. Dugoni
 School of Dentistry

**FINANCIAL AID DATA FORM
 2009-2010**

All information in this form is protected under FERPA and will be kept confidential unless you have given us written authorization to release it. (PLEASE PRINT CLEARLY IN INK AND DO NOT LEAVE ANY BLANK SPACES)

1. Last Name _____ First Name _____ M.I. _____

2. Permanent Mailing Address _____

3. City _____ State _____ Zip Code _____

4. Social Security No _____ Birth Date _____ Gender M F

5. Personal E-Mail Address _____ Telephone Number _____

6. Housing Plans On-Campus (UOP Apartments) Off-Campus Living with Parents/Relatives

7. Have you ever been enrolled in a Health Professions program prior to attending Pacific? Yes No If yes, complete the following:

Name of College: _____

Dates of Attendance: From _____ To _____

8. Have you ever received educational loans **other than** Perkins, Stafford, or Federal Direct loans? Yes No

If yes, list type(s) of loan(s) and amount(s): _____

9. Prior to attending Pacific, will you or have you enrolled in any school program (Spring 2008)? Yes No If yes, complete the following:

Name of College: _____

Dates of Attendance: From _____ To _____

10. List any additional outside grants, scholarships, or loans for which you have applied for the upcoming school year. Examples include: WICHE, Military Scholarships, Veterans Benefits, etc.

Source	Amount	Awarded	Applied Only
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

(over)

All Students Must Read and Sign the Following Certification Statements:

- A. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and / or repayment of financial aid and may subject the filer(s) to a fine or imprisonment or both, under provisions of the United States Criminal Code.
- B. I agree that I will notify University of the Pacific Arthur A. Dugoni School of Dentistry Financial Aid Office if I obtain additional resources to assist me in paying for my education during applicable period.
- C. I certify that I will use any funds I receive under a Department of Education, Department of Health and Human Services, or an Institutional loan or scholarship only for expenses related to attendance at the Arthur A. Dugoni School of Dentistry.
- D. I certify that I have a high school diploma or its recognized equivalent.
- E. I certify that I do not owe any refund on any grant or loan, am not in default on any loan, and have not borrowed in excess of the loan limits under Title IV programs at any institution. I further certify that, if applicable, I have made satisfactory arrangements to repay any defaulted loan.
- F. I understand that my financial aid information may be release to other Dental School departments unless I submit written directions instructing otherwise. I further understand that some donors and financial assistance agencies require names, addresses, and sometimes financial and biographical information. I permit the release of my information to such donors and agencies in order to be considered for financial assistance from them.
- G. If a veteran, I give permission for the Financial Aid Office to obtain information regarding my veteran's benefits from a Veterans Administration representative.
- H. I hereby state that the information reported on this form and any attachments hereto is true, complete, and accurate to the best of my knowledge.

Student's Signature

Date

Return to: Financial Aid Office
2155 Webster Street, Room 202
San Francisco, CA 94115
(415)749-3363 Fax