

UNIVERSITY OF THE
PACIFIC
Arthur A. Dugoni
School of Dentistry

FINANCIAL SUPPORT FORM

Please list below all the financial support from ALL sources for the period listed below. If you are not sure whether to declare a resource, please list it. The Financial Aid Office will delete sources that are not applicable. **DO NOT LEAVE ANY BLANKS OR WRITE N/A. PUT "0" IF NONE.**

Period:

March, 2012 to December, 2012

Housing Status: (Please check only one)

On-campus

Off-campus/Presidio

Living with parents/relatives

Sources:

Monthly amount:

If parents are married, support from parents:

\$ _____

If parents are divorced, support from mother:

\$ _____

If parents are divorced, support from father:

\$ _____

Support from relatives/friends/others:

\$ _____

Money paid on your behalf (i.e. bills under your name):

\$ _____

Additional grants, scholarships ***not*** reported earlier:

Agency: _____ Amount awarded: \$ _____

Agency: _____ Amount awarded: \$ _____

I certify that the information provided on this form is true and correct to the best of my knowledge. I agree that I am responsible to notify the Financial Aid Office of any additional support received during the related period listed above.

Student Signature

Date

Print Name