**ADMISSION TEST FOR DENTAL HYGIENE TESTING PROGRAM**

**2024 PARTIAL FEE WAIVER FINANCIAL INFORMATION FORM**

Complete this form and acquire one of the documents outlined below. Email the form and document as a single attachment to atdh@ada.org with the subject: Attention ATDH Partial Fee Waiver. You must include at least **one** of the following documents to be considered for a partial fee waiver.

* Financial aid award letter that shows a detailed breakdown of the grants, scholarships, and/or loans you are receiving – **the name of your school and** **your name must be visible on this document.** Screen captures of yourfinancial aid breakdown as shown on your school’s financial aid portal are also acceptable as long as the name of your school and your name are visible.
* Tax return (form 1040). If you are considered a dependent please submit your parent’s or legal guardian’s tax return form clearly indicating you as a dependent. Tax documents are only required if you are not receiving any need-based financial aid.

**Important Notes:**

* Please note that a limited number of partial fee waivers are available per calendar year.
* Processing time is approximately 5-10 business days but may vary depending on volume of applicants. The influx of applicants in January may cause processing time to double in length during this month.
* Financial aid letters or tax documents must be dated within the past 18 months.
* Please include documentation that describes the necessary qualifications for any need-based grant, other than a Pell Grant.
* Receiving loans is not an indication of financial need, please see the second bullet for submitting tax documents if you receive loans and no other need-based financial aid.
* **DO NOT SUBMIT AN APPLICATION FOR THE ATDH BEFORE YOU ARE APPROVED OR DENIED A FEE WAIVER**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |

**Click within the empty fields to enter information.**

**DENTPIN:**

**Anticipated Resources for the Current Academic Year**

Enter zero if none; do not leave blank.

|  |  |
| --- | --- |
| Financial Aid Award (grants, scholarships, or loans) | $ |
| Examinee’s and/or Spouse’s Gross Earnings (before taxes) | $ |
| Other Resources | $ |

In 750 characters or less please provide a personal statement detailing the need for an ATDH Partial Fee Waiver.

Personal Statement:

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

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |