VIRGINIA DEPARTMENT OF HEALTH, OFFICE OF HEALTH EQUITY
VIRGINIA DENTAL SCHOLARSHIP AND LOAN REPAYMENT PROGRAMS

VERIFICATION OF STUDENT FINANCIAL NEED FORM

To be completed and signed by the Financial Aid Officer, Program Director or Authorized Personnel. *This section must include a monetary recommendation. The Dental Scholarship and Loan Repayment Scholarship is a need-based aid program; therefore, the amount recommended must be documented by one of the accepted uniform methodology needs analysis systems. Please use the most recent needs analysis on file for this student to recommend the amount of scholarship required to meet need, after taking into consideration other financial aid already received by the applicant.*

_____
(NAME OF SCHOOL)

1. **Applicant Name:** _____
2. **Student Identification or Social Security Number** _____

3 **Student Costs and Resources:**
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Student Aid Budget for Applicant	_____
Expected Family Contribution (EFC)	_____
Financial Aid Received (excluding loans)	_____
Remaining Need	_____
Cost of Program for One Year (Including tuition, fees, books, uniform, etc.)	_____

4. **Recommended Need amount:**

5. **Needs Analysis Method Used:**

Please indicate which of the following methods was used to determine the applicant's financial need and the academic year for which the form was filed. (Financial Aid Officers are encouraged to use the need analysis for the year in which the student is applying for assistance.)

☐ CSS	☐ ACT	☐ PELL	☐ FAFSA	☐Other	Academic Year:

6. **Please specify any extenuating circumstances, which may have influenced your recommendation.**

Please provide an original signature from authorized personnel.

_____ _____
Name of Financial Aid Officer/Authorized Personnel (Please Print) Phone Number

_____ _____
Signature of Financial Aid Officer/Authorized Personnel Date

E-Mail Address: _____

SEND COMPLETED FORM TO: Office of Health Equity - Virginia Department of Health
109 Governor Street, 7th Floor – Suite 714 West
Richmond, Virginia 23219
ATTN: Olivette Burroughs

Last Revised: April 2022