

Financial Needs Assessment

To the Applicant:

The ODA Foundation requests its Financial Needs Assessment be signed and submitted to your school's financial aid office. The financial aid office will be responsible for completing this form. The completed form must be uploaded as a PDF with your online application.

I hereby authorize the release of my Financial Needs Assessment to the ODA Foundation only for the purpose of determining my financial need. I understand the information will be kept strictly confidential **and that the ODAF may request additional information from the Financial Aid Office related to this application.**

Applicant Signature _____

Applicant Printed Name _____ Date _____

To the Financial Aid Officer:

The student named above is applying for the ODA Foundation Dental Student Scholarship. In order to consider this student's application, it is necessary to have this Financial Needs Assessment Form completed. You can send/give the completed form directly to the student.

Name of Applicant: _____

Is the applicant an Ohio resident? Yes No

Is student eligible for student loan assistance? Yes No

A. School Expenses for 2025/26 school year B. Financial Resources

(Do not include housing)

		Source	Amount
Tuition:	\$ _____	Scholarships/Grants:	\$ _____
Fees:	\$ _____	Family Contribution:	\$ _____
Books:	\$ _____	Employment Earnings:	\$ _____
Supplies:	\$ _____	Other Income (incl. spouse:)	\$ _____
Subtotal of 2025/26 School Expenses	\$ _____	Subtotal of Financial Resources	\$ _____

C. Financial Loans:	Source	Eligible Amount
Loan Received:	_____	\$ _____
Loan Received:	_____	\$ _____
Loan Received:	_____	\$ _____
Loan Received:	_____	\$ _____
Subtotal of Financial Loans		\$ _____

Summary Total

1. Indicate: Subtotal of School Expenses (A) \$ _____

2. Subtract: Subtotal of Financial Resources (B) \$ _____

3. Equals:

Unmet Financial Need \$ _____

List other scholarships/grants and amounts awarded for the 2025/26 school year:

Signature

Financial Aid Officer's Signature _____ Date _____

Financial Aid Officer's Printed Name _____ Title _____

School Name _____ Phone Number _____