

# UCLA SCHOOL OF DENTISTRY

## Financial Aid Agreement – AY 04/05

My signature below confirms that I fully understand that in order to be considered for all financial aid programs offered by the UCLA Dental School, I must complete both the Parent and Student sections of the FAFSA and NEED ACCESS application.

Additionally, I agree to submit **all 2003 W-2 forms** received and completed copies of the 2003 Federal Income Tax Returns, including **all schedules** for my parent(s), spouse and myself, if filed.

Further, it is understood that if I fail to complete the Parents Section of the FAFSA and the NEED ACCESS application and/or fail to submit the above mentioned tax forms, I may only be considered for the Federal Stafford and the Alternative Loan Programs.

Enclosed, please find copies of:

- \_\_\_\_\_ Parents' 2003 Tax Returns and W-2's
- \_\_\_\_\_ Student's and/or spouse's 2003 Tax Returns and W-2's
- \_\_\_\_\_ My spouse nor I will not file 2003 Tax Returns\*
- \_\_\_\_\_ My parents did not and will not file 2003 Tax Returns\*
- \_\_\_\_\_ I have completed a FAFSA form and wish to be considered for the Federal Stafford Loan Only! (\$8,500 annual maximum for subsidized)\*\*
- \_\_\_\_\_ I wish to be considered for all university aid\*\*\*

### Please Note:

- \* The Non-Tax Filers Verification Form & Statement of Expenses and Resources Form must be completed to verify the non-filing status.
- \*\* The FAFSA is the only outside application required if you wish to apply for the Federal Stafford Loan.
- \*\*\* Parental information and Income Tax Information must be included on the **FAFSA** and the **NEED ACCESS** application.

**A FAFSA And NEED ACCESS Application Must Be Completed And On File To Be Considered For All University Financial Aid.**

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
UCLA Student ID Number (9 Digit)

\_\_\_\_\_  
Student's Signature - Date

\_\_\_\_\_  
E-Mail Address

CLASS OF (Year of Graduation)\_\_\_\_\_