



# HARVARD School of Dental Medicine

## 2025-2026 Application for Financial Aid Appeal

Student Name \_\_\_\_\_

Social Security # xxx-xx-\_\_\_\_\_ OR HUID # \_\_\_\_\_

### 1. Student Household Information

*Please provide information about your **custodial** parent information below. If your custodial parent is remarried, please provide your step-parent information as well.*

#### Parent Marital Status

*Indicate your custodial parent(s)' current marital status and status date*

Married \_\_\_ Date \_\_\_\_\_ Divorced \_\_\_ Date \_\_\_\_\_ Remarried \_\_\_ Date \_\_\_\_\_

Separated \_\_\_ Date \_\_\_\_\_ Widowed \_\_\_ Date \_\_\_\_\_ Single \_\_\_

Father/Step-Father Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother/ Step-Mother Name \_\_\_\_\_ Birth Date \_\_\_\_\_

*Provide information about the members of your parent(s)' household for whom your parent(s)' will provide at least 50% of the financial support between July 1<sup>st</sup>, 2025 and June 30<sup>th</sup>, 2026. Include yourself, your parents/step-parents and any other members of the household who will reside in the household between July 1<sup>st</sup>, 2025 and June 30<sup>th</sup>, 2026.*

Name	Age	Relationship to You	Name of College/University Attending at Least Half-time for 2022-23

If necessary, please indicate any additional relevant information about your household on an attached page.

## 2. Parent/Step-Parent Financial Information

Indicate the total amount projected for the 2025 tax year from the following sources. If no amount was reported, please enter "0".

### 2025 Projected Income Information

Adjusted Gross Income	\$	Taxes Paid	\$
Wages/Salaries/Tips Father/Step-Father	\$	Wages/Salaries/Tips Mother/Step-Mother	\$
Bank Interest	\$	IRA/Pension Distributions	\$
Dividends	\$	Social Security Payments	\$
IRA/Keogh Payments	\$	AFDC	\$
Business Income	\$	Unemployment Compensation	\$
Farm Income	\$	Alimony Received	\$
Annuities	\$	Other Taxable Income	\$

### Untaxed Income

Indicate any income projected from the following between January 1<sup>st</sup>, 2025 and December 31<sup>st</sup>, 2025

Child Support Received	\$	Veterans Non- Education Benefits	\$
Worker's Compensation	\$	Combat Pay	\$
Untaxed IRA/Pension Benefits	\$	Clergy Housing Allowance	\$
Payments to IRA/Pension Accounts	\$	Other Untaxed Income	\$

### Asset Information

Indicate the **net** value (as of the current date) of the following. If there is no value for a listed item, please enter "0".

Cash/Savings/Checking Accounts	\$	Trust Funds	\$
Money Market Accounts	\$	Mutual Funds	\$
Stocks	\$	Bonds	\$
Net Home Value	\$	Other Securities	\$
Business/Farm Value*	\$	Other Real Estate**	\$
College Savings Plans	\$	Other	\$

\* If you own more than 50% of the business AND the business employees less than 100 full-time equivalent employees, enter "0". If your farm is

\*\* Only include real estate that is not your primary residence

your primary residence, enter "0".

### **3. Additional Information**

*Please include an explanation of the circumstances surrounding your appeal. If necessary, please continue and attach additional sheets.*

### **4. Certification**

By signing this form, I (we) certify all information reported to the Office of Financial Aid is complete and accurate.

Student Signature

Date

Parent Signature

Date

**Please complete, sign and return this form by faxing it to 617.432.3881 or mailing it to the address listed below.** Questions? Call us at (617) 432.1527 or email [gardner\\_key@hsdm.harvard.edu](mailto:gardner_key@hsdm.harvard.edu).

Harvard School of Dental Medicine

Office of Financial Aid

188 Longwood Ave.

Boston, MA 02115