

2018 ADEA AADSAS® Fee Assistance Program Instructions

Welcome to the 2018 ADEA AADSAS Fee Assistance Program (ADEA AADSAS FAP). ADEA AADSAS FAP is designed to assist students who demonstrate extreme financial need while applying to ADEA AADSAS. ADEA AADSAS FAP is an independent program offered by the American Dental Education Association, and is not affiliated with any government, college or university, scholarship, grant or fellowship program. Approval for a fee assistance is at the sole discretion of ADEA.

*Any applicant requesting to be considered for the ADEA AADSAS FAP must be a U.S. Citizen or Permanent Resident. The income for the applicant, parent/guardian **and/or** spouse (if married) must not exceed 100% of the U.S. Federal Poverty Guidelines set forth by the U.S. Department of Health and Human Services (aspe.hhs.gov/poverty-guidelines).*

The 2017 U.S. Federal Poverty Guidelines are different than the 2016 ADEA AADSAS FAP Guidelines.

If interested in applying for fee assistance, applicants must have already created a 2018 ADEA AADSAS account.

Applying for fee assistance?

- Read and follow all instructions carefully.
- Submit the ADEA AADSAS FAP Cover Form and all required supporting documents.
- Review the ADEA AADSAS FAP processing timeline.

The ADEA AADSAS application should not be submitted until a decision on your ADEA AADSAS FAP request has been rendered. Submitting an ADEA AADSAS application prior to receiving a status notification for fee assistance will result in an automatic withdrawal of your ADEA AADSAS FAP request.

ADEA AADSAS FAP Launch Date:

The ADEA AADSAS FAP becomes available in early June, after the opening of the ADEA AADSAS application, and remains available until all funds are expended.

Required Supporting Documents (*these documents must be accompanied by the ADEA AADSAS FAP Cover Form*):

- Applicants who are considered dependent (based on tax return status) must submit self, parent/guardian and/or spouse (if married) 2016 1040 tax returns (including schedule A), along with the W2s/1099s.
- Applicants who are considered independent (based on tax return status) must submit self and spouse (if married) 2016 1040 tax returns (including schedule A), along with the W2s/1099s.

- Applicants enrolled in a college/university for the 2016–17 academic year, and receiving financial aid, must submit a Financial Aid Award Notification (downloaded from the institution’s website), along with appropriate tax returns.
- Applicants must submit a “**2018 ADEA AADSAS Income Verification Form**” if none of the situations above apply to you.
- If the applicant, parent/guardian or spouse did not have income in the 2016 tax year, the applicant must submit a letter of explanation.

Note: Tax return transcripts will not be accepted.

Fee Assistance Benefits:

Applicants approved for fee assistance will receive a total of \$443 in fee assistance which will cover the initial ADEA AADSAS dental school designation (\$245) and two additional dental school designations (\$99 each) for a total of three designations. **Applicants must designate at least three dental schools at one time in order to receive fee assistance.** The amount of fee assistance granted will be subtracted from the total. If you choose to submit with fewer than three dental school designations remaining funds are forfeit and cannot be used in the future.

Processing Request:

Applicants are responsible for mailing the “**2018 ADEA AADSAS FAP Cover Form**” and all required supporting documents. Applicants have only one opportunity to submit all documents, and all documents must be received at one time. Any documents received without the “**2018 ADEA AADSAS FAP Cover Form**” will be automatically denied.

- Once ADEA AADSAS FAP receives the **2018 ADEA AADSAS FAP Cover Form** and the required supporting documents, processing starts. It will take approximately four to five business days for a decision. Please contact FAPAADSAS@adea.org with any inquiries regarding the status of your ADEA AADSAS FAP application.
- If you submit your ADEA AADSAS application before your ADEA AADSAS FAP request has been processed you will no longer be eligible to receive ADEA AADSAS FAP and your ADEA AADSAS FAP application will be withdrawn.
- ADEA AADSAS FAP Decisions:
 - Approved – applicants approved for a fee waiver have 14 calendar days from the date of the email notification to submit the ADEA AADSAS Application.
 - Denied – applicants denied for fee assistance can submit the ADEA AADSAS application at any time until **February 1, 2018**.

Please mail all required supporting documents and ADEA AADSAS FAP Cover Form to:

American Dental Education Association
ADEA AADSAS FAP
655 K Street, NW
Suite 800
Washington, DC 20001



THE VOICE OF
DENTAL EDUCATION

2018 ADEA AADSAS® Fee Assistance Program (FAP)
Income Verification Form

Applicant Name

2018 ADEA AADSAS #

Type of Verification Being Supplied for Calendar Year 2016:

- Child Support Payments
- Supplemental Nutrition Assistance Program (SNAP)
- Proof of Social Security Benefits
- Proof of Veteran's Benefits
- Proof of Workers' Compensation Benefits
- Proof of Housing, Food and Other Living Allowances

Benefit Recipient Information

Name of person who received benefits: _____

Relationship to student: _____ # of years benefits were received: _____

Once you have selected the type of verification being supplied, please attach a copy of the letter (required document) from the appropriate county/state office indicating the monthly amount of support received in the year indicated above and include this document with the required supporting documents. This form is required if the applicant is receiving any of the benefits listed above and does not have tax returns and/or financial aid verification.

By signing this document, I/we certify that all the information is complete and correct.

Student Signature

Parent/Spouse Signature

Date

The "ADEA AADSAS FAP Cover Form" must be submitted with all required supporting documents. If not submitted, the application for a fee waiver will be denied.

Note: If you purposely give false or misleading information on this document you will be disqualified from receiving funds and any previous funds awarded may be rescinded.

2018 ADEA AADSAS FAP Cover Form

Applicant Name _____

2018 ADEA AADSAS # _____

This form must be attached and mailed along with all required supporting documents to ADEA AADSAS® Fee Assistance Program (mailing address is at the bottom of this page). If this form is not attached to the required supporting documents, the information will not be reviewed, and the request for a fee waiver will be denied.

All fee assistance program applicants must be U.S. Citizens or Permanent Residents to be considered for fee assistance.

Below is a list of all required supporting documents that are accepted and considered in processing the ADEA AADSAS FAP request; please check all that are being submitted.

- Applicant's 2016 1040 Tax Returns, including schedule A.
- Applicant's W2s, and/or 1099s (if self-employed).
- Parent/Guardian and Spouse 2016 1040 Tax Returns, including schedule A (if applicant is considered a dependent, **based on tax return status**).
- Parent/Guardian and Spouse W2s, and/or 1099s (if self-employed).
- Financial Aid Award Notification, if Applicant is enrolled in a college/university for the 2016-2017 academic year and receiving financial aid. (**Download from the Institution's website.**)
- 2018 ADEA AADSAS Income Verification Form.
- Letter of explanation if unable to submit any of the required documents above.

****Tax Return Transcripts will not be accepted. ****

Note: Applicants will only have one chance to submit all required supporting documents along with this form. Any documents submitted to ADEA AADSAS FAP without this form will not be processed, and the request for a fee waiver will be denied. If you have any questions, please send all inquiries to FAPAADSAS@adea.org

Please mail ADEA AADSAS FAP Cover Form with all required supporting documents to:

American Dental Education Association
ADEA AADSAS Fee Assistance Program
655 K Street, NW
Suite 800
Washington, DC 20001

2018 ADEA AADSAS FAP Use Only:	Document Receipt Date _____
Decision Date: _____	
Approved _____	Denied _____ Withdrawn _____
Comments _____	