



2018 ADEA AADSAS® Fee Assistance Program Instructions

Welcome to the 2018 ADEA AADSAS Fee Assistance Program (ADEA AADSAS FAP).

ADEA AADSAS FAP is a fee assistance program designed to assist students who demonstrate extreme financial need while applying to ADEA AADSAS. ADEA AADSAS FAP is an independent program offered by ADEA AADSAS 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.

*All applicants requesting to be considered for an ADEA AADSAS FAP must be U.S. Citizens or Permanent Residents. 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 2018 ADEA AADSAS Poverty Guidelines are different than the 2017 ADEA AADSAS FAP Guidelines.

Applicants who are interested in applying for fee assistance must have created a 2018 ADEA AADSAS account and have received a CAS ID#

Applying for fee assistance?

- Read and follow all instructions carefully.
- Create an ADEA AADSAS account and place your CAS ID# on the FAP Cover Form
- 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 and CAS ID#)

- 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 is unable to submit any of the required supporting documents, the applicant must write 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. The amount of fee assistance (three designations) granted will be subtracted from the total fees you must pay. **If you choose to submit with fewer than three dental school designations, the remaining funds are forfeited and cannot be used in the future.** Applicants must click the “**Submit All**” button when submitting the ADEA AADSAS application in order to receive fee assistance for all three schools.

Processing Request:

Applicants are responsible for mailing the “**2018 ADEA AADSAS FAP Cover Form and CAS ID#**” 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 and CAS ID#**” will be denied automatically.

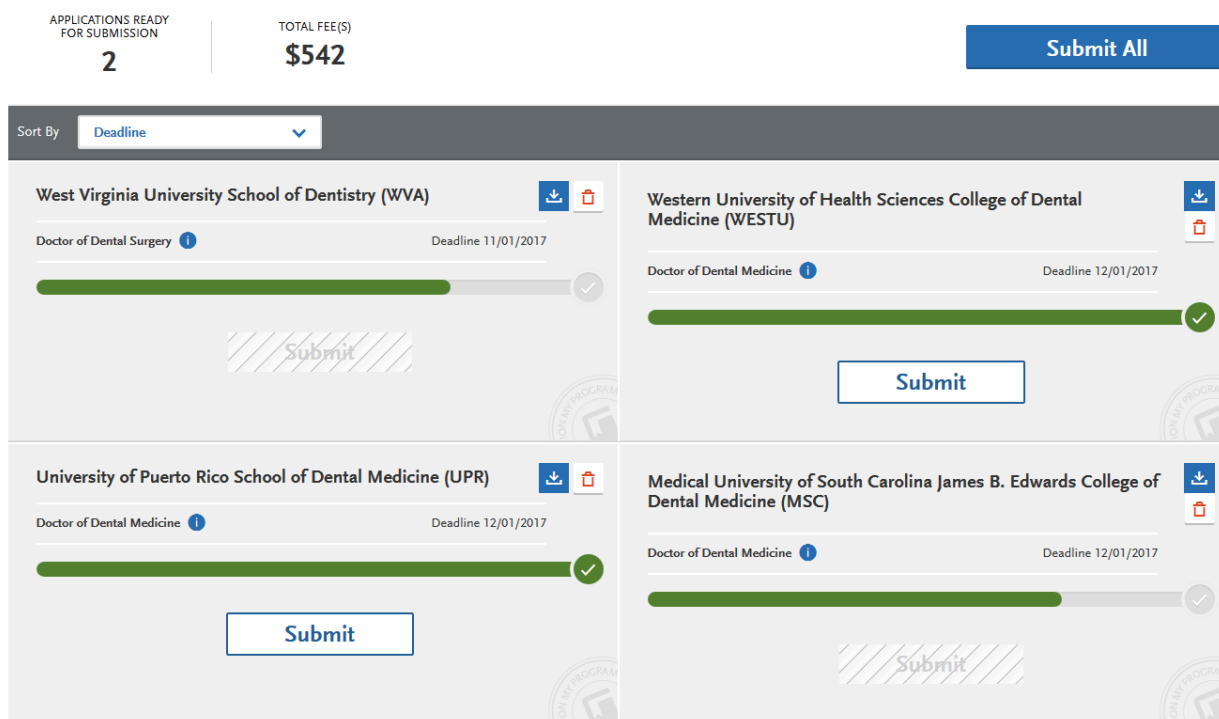
- Once ADEA AADSAS FAP receives the **2018 ADEA AADSAS FAP Cover Form** with your **CAS ID#** on it and all required supporting documents, processing starts and will take approximately four to five business days to receive a decision. Please contact FAPAADSAS@adea.org with any inquiries regarding the status of your FAP application.
- If the applicant submits the ADEA AADSAS application before the FAP request has been processed, you will no longer be eligible to receive FAP and your 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.

How to Submit Your Application After You Have Been Granted Fee Assistance

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. The amount of fee assistance (three designations) granted will be subtracted from the total fees you must pay. ***In order to redeem the full amount of FAP granted, THREE (3) designations must be ready for submission at the time you submit your application. If you choose to submit with fewer than three dental school designations, the remaining funds are forfeited and cannot be used in the future.***

When you select the Submit Application tab in your application, you will find a large blue “Submit All” button near the top of the page and individual submit buttons for each program that is complete and ready to submit. For example:



Do not use the individual submit buttons. Click on the blue “Submit All” button. You will then be prompted to select the designations to which you wish to submit. Only the dental school designations that are ready for submission will appear on this page. Click the blue  buttons to add the desired designations to your cart.

My Application Add Program Submit Application ²

Pay and Submit your Application

1 Select Applications 2 Payment Information 3 Review and Submit

Select the Programs You Want to Pay for and Submit

Available Programs [?] Sort by: **Deadline** ▼

PROGRAM NAME	DEADLINE
Western University of Health Sciences College of Dental Medicine (WESTU)	
<input type="checkbox"/> Doctor of Dental Medicine	12/01/2017
University of Puerto Rico School of Dental Medicine (UPR)	
<input type="checkbox"/> Doctor of Dental Medicine	12/01/2017

Your cart is empty.
Select available programs from the list to the left to continue.

Continue

This applicant only has two dental school designations ready for submission. ***If you see only one or two designations available to select, but you intend to apply to three or more, DO NOT SUBMIT!*** Go back to My Application and complete the Program Materials for additional dental schools. Once you have three dental school designations ready to submit, you will be able to redeem the full amount of your FAP.

After clicking on the buttons to select your designations, the blue "Continue" button will appear. Above it, the Fee Total will reflect your total application fees minus your fee assistance. If you have designated more than three schools, your Fee Total will reflect fees for the number of schools you have designated minus three (3).



My Application Add Program Submit Application **2**

Pay and Submit your Application



Select the Programs You Want to Pay for and Submit

Available Programs ?	Sort by	Deadline	
PROGRAM NAME		DEADLINE	
Western University of Health Sciences College of Dental Medicine (WESTU)			
<input checked="" type="checkbox"/> Doctor of Dental Medicine		12/01/2017	<input type="checkbox"/>
University of Puerto Rico School of Dental Medicine (UPR)			
<input checked="" type="checkbox"/> Doctor of Dental Medicine		12/01/2017	<input type="checkbox"/>

Fee Total **\$344.00**

[Continue](#)

When you click on "Continue", you will be prompted to enter your payment information for any remaining fees. If you have any questions or difficulty with submitting to the correct number of designations, do not submit! Call ADEA AADSAS Customer Service for assistance at (617) 612-2045. Our representatives are available to help you submit from 9 AM to 5 PM Eastern Standard Time on weekdays.

Any required supporting documents received without the FAP Cover Form and CAS ID# will not be processed, and the fee assistance request will be denied.

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

ADEA AADSAS FAP
655 K Street N.W.
Suite 800
Washington, D.C. 20001



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

Applicant Name [] 2018 ADEA AADSAS CAS ID # []

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 and CAS ID#" 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 CAS ID # _____

Email Address _____

This form must be attached and mailed along with all required supporting documents to ADEA AADSAS FAP. 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. If you are unable to provide any of the required documents below, you must write a "Letter of Explanation."

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 Institutions' website**)
- 2018 ADEA AADSAS Income Verification Form
- "A Written Letter of Explanation" if unable to submit any of the required supporting 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 the FAP Cover Form and CAS ID# will not be processed, and the request for fee assistance will be denied. If you have any questions, please send all inquiries to FAPAADSAS@adea.org

Please mail ADEA AADSAS FAP Cover Form with CAS ID# and all required supporting documents to:

ADEA AADSAS Fee Assistance Program
655 K Street N.W.
Suite 800
Washington, D.C. 20001

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