

2024 ADEA GoDental Recruitment Event Travel Assistance Verification of Receipt of Financial Aid

Financial Aid Office:

The 2024 ADEA GoDental Recruitment Event is an annual event sponsored by the American Dental Education Association (ADEA) for prospective dental students who are interested in applying to dental school. This event (to be held in New Orleans, LA on Saturday, March 9, 2024) provides approximately 500 students the opportunity to talk one-on-one with more than 55 dental schools. Each year, ADEA offers financial assistance to a limited number of students who travel a distance greater than 50 miles to attend the event. To be considered for this program, students must:

- Be currently enrolled in an undergraduate program,
- Be a U.S. citizen, permanent resident or have documented DACA (Deferred Action for Childhood Arrivals) status and
- Demonstrate financial need.

The student submitting this form is requesting to be considered for the ADEA Travel Assistance Program and must provide verification that they demonstrate financial need.

Application Process: Complete the form below including financial aid signature and submit to ADEA by uploading this completed verification form through our online portal (adea.org/GoDental24/Travel) by Friday, Feb. 16, 2024.

Applicant’s Information (to be completed by the applicant):

First Name: _____	Last Name: _____
Institution: _____	Date: _____
Email Address: _____	Optional: Student ID#: _____

To be completed by the Financial Aid Office:

	Yes	No
Is this student a Pell Grant recipient?	<input type="checkbox"/>	<input type="checkbox"/>
Is this student borrowing a Direct SUBSIDIZED Loan?	<input type="checkbox"/>	<input type="checkbox"/>
Is this student borrowing up to the full cost of attendance or financial aid budget?	<input type="checkbox"/>	<input type="checkbox"/>
Did this student decline any financial aid offered, and if so, what type(s) did they decline?	<input type="checkbox"/> _____	<input type="checkbox"/>
Optional: Student has verified DACA status.	<input type="checkbox"/>	<input type="checkbox"/>

Financial Aid Officer’s Name (printed:): _____

Financial Aid Officer’s Name (signature): _____

Please contact us at godental@adea.org with any questions.