

**ADVANCED DENTAL ADMISSION TEST
PARTIAL FEE WAIVER FINANCIAL INFORMATION FORM**

Complete this form and include a copy of your financial aid award letter indicating the amount of financial aid received identified by specific type of financial aid (i.e. grants, scholarships, loans, etc.). **Letter must show financial aid received within the past 18 months.** Email the documents to adat@ada.org Attention ADAT Partial Fee Waiver.

Please note that a limited number of partial fee waivers are available per calendar year. Processing time is approximately 5-10 business days. **Double click within the empty fields to enter information.**

DENTPIN®:

Anticipated Resources for the Current Academic Year Enter zero if none; do not leave blank.	
Financial Aid Award (grants, scholarships, or loans)	\$
Examinee's and/or Spouse's Gross Earnings (before taxes)	\$
Other Resources	\$

In 750 characters or less please provide a personal statement detailing the need for an ADAT Partial Fee Waiver.

Personal Statement:

Signature: _____ **Date:** _____