



HARVARD

School of Dental Medicine

2025-2026 Preliminary Application for Financial Aid

Student Information:

Student Name _____

Social Security # xxx-xx- OR HUID # _____

Citizenship/Residency Status

I am a:

- U.S. Citizen
- Permanent Resident of the U.S.
- Non-Citizen

Home Country: _____ Visa Type: _____

Anticipated Financial Aid Status

- I consent** to receive all communications regarding my financial aid application electronically
- I **do not** plan on applying for financial aid for the 2025-26 academic year
- I **do** plan on applying for financial aid for the 2025-26 academic year
 - I will be submitting both the FAFSA and Profile applications
 - Please be aware that the Profile application is required in order to be considered for HSDM scholarship/grant funding. You can find the full application procedures at <https://hsdm.harvard.edu/applying-aid>.
 - I will be submitting the FAFSA only
 - Submitting the FAFSA alone will make you eligible for Federal student aid. However, you will **NOT** be considered for any HSDM grant/scholarship funds. In addition, you will not be considered for certain Federal loan programs.

Additional Funding

Please visit scholarships.harvard.edu and identify any funds for which you think you may be eligible:

Fund Name: _____

Fund Name: _____

Fund Name: _____

