

2020-2021 Economically Disadvantaged First Professional Study Certification

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.

- Electronically via the Secure Document Upload Center - financialaid.buffalo.edu/forms/documentation-upload-center/. Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name.
- Fax to 716-645-6566
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

Instruction

Complete the EDPS Certification Form and return with the required signatures as soon as possible for priority consideration. Students complete sections 1 and 2. **Program Directors complete section 3 and send a cover letter on the school's letterhead.**

Students who meet the eligibility requirements will be notified of their award amount via email. Incomplete forms will exclude you from consideration for EDPS as funds are limited.

Section 1: Student Information

Full Name: _____ Person Number: _____

Permanent Address: _____ Email Address: _____

Have you filed a 2020-21 FAFSA? Yes No

Did you include parent information on the FAFSA? Yes No

Section 2: Academic Program Information (to be completed by the student)

Program of Study: Dental Medical Law Pharmacy

Academic Level (year): First Second Third Fourth

Anticipated Graduation date: _____

Did you participate in an Opportunity Program as an undergraduate student? Yes No

If yes, specify the program: EOP HEOP SEEK

Undergraduate Institution: _____

Student Signature: _____ Date: _____

Section 3: Program Director Certification (to be completed by the Opportunity Program Director)

Name of undergraduate institution where applicant received EOP, HEOP or SEEK support:

Dates of attendance: From: _____ To: _____

Graduation Date: _____

Name of Program Director (please print): _____

Program Director Email Address: _____

Program Director Signature: _____ Date: _____