

## 2022-2023 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 <u>financialaid.buffalo.edu/forms/documentation-upload-center/</u>. 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 Info	rmation								
Full Name:				Person Number:					
Permanent Address:				Email Address:					
Have you filed a 2022-23	FAFSA?			Yes	No				
Section 2: Academic P	rogram Ir	nformation	ı (to be	completed	d by th	e student)			
Program of Study:	Dental	Medical	Law	Pharmac	у				
Academic Level (year):	First	Second	Third	Fourth					
Anticipated Graduation da	ate:								
Did you participate in an O  If yes, specify the  Undergraduate Institution	program:	EOP	HEOP	SEEK					
Student Signature:									
Section 3: Program Dir	ector Cer	tification	(to be c	ompleted	by the	Opportunity	/ Progr	am Director)	
Name of undergraduate in	nstitution v	where appl	icant red	ceived EOF	P, HEO	P or SEEK s	upport:		
Dates of attendance: From	m:				To: _				
Graduation Date:					_				
Name of Program Directo	r (please	print):							
Program Director Email A	.ddress: _								
Program Director Signature:						Date:			

FEDPSV (Revised 12-7-2022) Phone: 716-645-8232 Website: financialaid.buffalo.edu Page 1 of 1