

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/](https://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. **All Financial Aid Forms require your legal 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 must complete sections 1 and 2. **Program Directors will complete section 3 and send a cover letter on their 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 2024-25 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: \_\_\_\_\_