

**FINANCIAL NEEDS FORM  
PENNSYLVANIA DENTAL HYGIENISTS' ASSOCIATION  
SCHOLARSHIP APPLICATION**

- 1. Name of applicant:**
- 2. Address of applicant:**
- 3. Name of School attending:**
- 4. Date of Birth:**
- 5. Marital Status:**
- 6. Provide**
  - Taxable income for applicant and spouse:**
  - Cash and amounts in bank accounts:**
  - Equity in home or other real estate:**
  - Other assets greater in value than \$1000:**
- 7. If less than 21 years old, provide**
  - Taxable income for parents:**
  - Parents' cash and amounts in bank accounts:**
  - Parents' equity in home or other real estate:**
  - Parents' other assets greater in value than \$1000:**
- 8. If less than 21 years old and not receiving financial support from parents, please explain extenuating circumstances.**
- 9. Approximate cost of school per year:**
  - (Include tuition/fees, books/supplies, housing)**