

**DENTAL ADMISSION TESTING PROGRAM  
PARTIAL FEE WAIVER FINANCIAL INFORMATION FORM**

Complete this form and include a copy of your financial aid award letter indicating the amount of financial aid received, identified by specific type of financial aid (i.e. grants, scholarships, loans, etc.), and email the documents to [datexam@ada.org](mailto:datexam@ada.org): Attention DAT Partial Fee Waiver

Please note that a limited number of partial fee waivers are available per calendar year.

**DENTPIN®:**

<b>Anticipated Resources for the Current Academic Year</b> Enter zero if none; do not leave blank.	
Financial Aid Award (grants, scholarships, or loans)	\$
Examinee's and/or Spouse's Gross Earnings (before taxes)	\$
Other Resources	\$

In 750 characters or less please provide a personal statement detailing the need for a DAT Partial Fee Waiver.

Personal Statement:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_