ADEA AADSAS FAP is designed to assist students who demonstrate extreme financial need while applying to ADEA AADSAS. ADEA AADSAS FAP is an independent program offered by ADEA AADSAS and is not affiliated with any government, college or university, scholarship, grant or fellowship program. Approval for a fee assistance is at the sole discretion of ADEA.

All applicants, including the applicant’s parent/guardian and spouse, must be U.S. Citizens or Permanent Residents.

Applicants approved for FAP will receive a total of $467 in fee waivers which will cover the initial ADEA AADSAS program designation ($251) and two additional program designations ($108 each) for a total of three designations. The amount of fee assistance granted will be subtracted from the total fees you must pay.

If an applicant chooses to submit the 2020 ADEA AADSAS application with fewer than three dental program designations, the applicant will only receive fee assistance for the number of programs designated initially. The remaining funds are forfeited and cannot be used in the future.

Applicants must click the “Submit All” button when submitting the application to receive fee assistance for all three dental programs designated.

Dates to Remember
May 14, 2019: ADEA AADSAS and FAP opens. *
June 4, 2019: ADEA AADSAS opens for submissions and first FAP decisions are awarded. **
February 3, 2020: Last day for FAP unless funds are expended before this date.

*All FAP applicants must create a 2020 ADEA AADSAS account first. The applicant’s ID number and email address must be placed on the 2020 ADEA AADSAS FAP Cover Form, and this form must accompany all documents sent to ADEA AADSAS FAP.

** Applicants approved for FAP will have 14 calendar days from the date of FAP approval to submit their application. If an ADEA AADSAS application is submitted after 14 days, FAP approval will be revoked.

Steps to Apply for FAP
• Read and follow all FAP instructions carefully.
• Create an ADEA AADSAS account beginning May 14, 2019 to receive the ADEA AADSAS ID.

• Submit the 2020 ADEA AADSAS FAP Cover Form (including the ADEA AADSAS ID and email address) and all required supporting documents (see below).

• Wait for a decision from ADEA AADSAS FAP via email.
  o Decisions are made **four to five business days** of making the request.
  o Do not submit the ADEA AADSAS application. Submitting prior to receiving FAP approval will result in an automatic withdrawal of the FAP request.

• If the FAP is approved, submit the application within 14 calendar days.

**Eligibility**

The total income for applicant and family must not exceed 200% of the 2018 U.S. Poverty Guidelines. Use the numbers located in the left column (Persons in Family/household) to determine the number of individuals in the household.

Use the (far right column) to determine the maximum income allowed for the number of family members. **The total income should not exceed the 200%**.

<table>
<thead>
<tr>
<th>Persons in family/household</th>
<th>Poverty guideline 100%</th>
<th>Poverty guideline 200%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,140</td>
<td>$24,280</td>
</tr>
<tr>
<td>2</td>
<td>$16,460</td>
<td>$32,920</td>
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<td>3</td>
<td>$20,780</td>
<td>$41,560</td>
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<td>$58,840</td>
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<td>$67,480</td>
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<tr>
<td>7</td>
<td>$38,060</td>
<td>$76,120</td>
</tr>
<tr>
<td>8</td>
<td>$42,380</td>
<td>$84,760</td>
</tr>
</tbody>
</table>

**Required Supporting Documents**

Applicants are responsible for mailing the **2020 ADEA AADSAS FAP Cover Form** and all required supporting documents. Documents must be received at one time and include the Cover Form. Any documents received without the FAP Cover Form will not be processed.

Mail the 2020 ADEA AADSAS FAP Cover Form and all required supporting documents to:

**2020 ADEA AADSAS**
Attn: Fee Assistance Program
655 K Street N.W. Suite 800
Washington, D.C. 20001
• Applicants born after January 1, 1995 must submit self, parents/guardians, and spouse (if married) 2018 1040 tax returns, W2s/1099s, and Schedule A (if itemizing deductions).

Applicants born after January 1, 1995 who are considered independent by the Internal Revenue Service, must show proof from IRS, otherwise all applicants born after January 1, 1995 will have to submit parent/guardian tax forms to be considered for fee assistance.

• Applicants born before January 1, 1995 must submit self and spouse (if married) 2018 1040 tax returns, W2s/1099s, including schedule A (if itemizing deductions).

• Applicants enrolled in a college/university for the 2018-2019 academic year, and receiving financial aid, must submit a Financial Aid Award Notification (downloaded from the institution’s website).

• If there is additional income not shown on the 2018 1040 tax return, applicants must submit a “2020 ADEA AADSAS Income Verification Form”.

• If the applicant is unable to submit any of the required supporting documents listed on the 2020 ADEA AADSAS FAP Cover Form, including the 2018-2019 Financial Aid Award Notification, the applicant must write a letter of explanation. If a letter of explanation is not included, the applicant will be denied fee assistance automatically.

Submit After Approval
Approved FAP recipients have 14 calendar days to submit. Denied FAP applicants can apply again in a future cycle.

To redeem the full amount of FAP granted, three (3) designations must be ready for submission at the time the application is submitted. Applicants must designate at least three dental schools and click the “Submit All” button to receive fee assistance for all three programs.

If an applicant submits one program at a time, the applicant will only receive fee assistance for the first program designated. No additional fee assistance will be offered, and the remaining funds are forfeited and cannot be used.

Click “Continue” to enter payment information for any remaining fees.

ADEA AADSAS FAP Customer Service
(617) 612-2045 9:00 a.m. – 5:00 p.m. ET weekdays
FAPAADSAS@adea.org
2020 ADEA AADSAS FAP

2020 ADEA AADSAS® Fee Assistance Program (FAP)
Income Verification Form

Applicant Name __________________________ 2020 ADEA AADSAS ID # ____________

Type of Verification Being Supplied for Calendar Year 2018: Please ✓ all that pertain to you

☐ Child Support Payments
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Proof of Social Security Benefits
☐ Proof of Veteran’s Benefits
☐ Proof of Workers’ Compensation Benefits
☐ Proof of Housing, Food and Other Living Allowances
☐ Other

If you ✓ “Other”, please explain___________________________________________

Benefit Recipient Information

Name of person who received benefits: ________________________________

Relationship to student __________ # of years benefits were received: ______________

Once you have selected the type of verification being supplied, please attach a copy of the letter (required document) from the appropriate county/state office indicating the monthly amount of support received in the year indicated above and include this document with the required supporting documents. This form is required if the applicant is receiving any of the benefits listed above.

By signing this document, I/we certify that all the information is complete and correct.

_________________________________________  ___________________________  ____________
Student Signature  Parent/or Spouse Signature  Date

The 2020 ADEA AADSAS FAP Cover Form along with the applicant’s ADEA AADSAS ID and email address must be submitted with all required supporting documents. If not submitted, the application for a fee waiver will be denied.

Note: If you purposely give false or misleading information on this document you will be disqualified from receiving funds and any previous funds awarded may be rescinded.

AMERICAN DENTAL EDUCATION ASSOCIATION
2020 ADEA AADSAS FAP Cover Form

Applicant Name________________________ 2020 ADEA AADSAS ID #___________________

Email Address__________________________________________

This form is considered a required document, as is all other documents listed below, and each must be mailed to ADEA AADSAS FAP. If this form is not attached to all documents received, the documents received will not be reviewed, and the request for a fee waiver will be denied.

If you are unable to provide any of the required documents below, you must write a “Letter of Explanation.”

Below is a list of the 2020 ADEA AADSAS FAP required supporting documents that must accompany this 2020 ADEA AADSAS FAP Cover Form in order to process the request for fee assistance. All documents below must be received in order to be considered.

☐ Applicant, parent/guardian and spouse (if married) 2018 1040 Tax Returns, W2s, 1099s (self-employed) and schedule A if itemizing deductions, if the applicant was born after January 1, 1995.

☐ Applicant and Spouse (if married) 2018 1040 Tax Returns, W2s, 1099s (self-employed) and schedule A if itemizing deductions if the applicant was born before January 1, 1995.

☐ Financial Aid Award Notification Letter. If Applicant is enrolled in a college/university for the 2018-2019 academic year and receiving financial aid. (Download from the Institutions’ website)

☐ 2020 ADEA AADSAS Income Verification Form (to be used if additional income was received and did not show on the 2018 1040 tax forms)

Note: Applicants will only have one chance to submit all required supporting documents. Any documents submitted to ADEA AADSAS FAP without the 2020 ADEA AADSAS FAP Cover Form, ADEA AADSAS ID and email address will not be processed and the request for fee assistance will be denied. If you have any questions, please send all inquiries to FAPAADSAS@adea.org

Please mail the 2020 ADEA AADSAS FAP Cover Form with ADEA AADSAS ID and all the above required supporting documents to:

2020 ADEA AADSAS
Attn: Fee Assistance Program
655 K Street N.W. Suite 800
Washington, D.C. 20001