



**RECEIPT OF EXCEPTIONAL FINANCIAL NEED SCHOLARSHIP  
(For School Use Only – Must be Completed by Financial Aid Official)**

---

Name of Student: \_\_\_\_\_

Last 4 digits of the Student's Social Security Number: \_\_\_\_\_

The Financial Aid Official identified below certifies that the above-named student

- has received
- has not received

a Scholarship for Students of Exceptional Financial Need (EFN) under former section 758 of the Public Health Service Act (applicable to medical and dental students only).

**SUBMITTED BY:**

Signature & Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title & Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of School: \_\_\_\_\_