



**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: _____
