**SAMPLE LETTER OF FINANCIAL NEED**

[PLEASE USE COM/SOM LETTERHEAD]

[DATE]

STUDENT NAME:

DEGREE:

CLASS LEVEL:

ENROLLMENT DATE:

ANTICIPATED GRADUATION DATE:

RE: [AOF SCHOLARSHIP NAME]

This student’s financial need is determined based on the following need-based indicators [PLEASE CHECK ALL THAT APPLY]:

* Student-submitted FAFSA
* Student received an AACOMAS application fee waiver
* Undergraduate Pell Grant recipient
* Socioeconomic indicators
* Disadvantaged student statement (personal statement, special circumstances appeal, etc.)
* Other: [PLEASE INCLUDE BRIEF DESCRIPTION]

The 2024-2025 estimated annual cost of attendance at [COM/SOM NAME] is $\_\_\_\_\_\_\_\_\_. We estimate the student’s unmet financial need is $\_\_\_\_\_\_\_.

Should they receive a scholarship from the American Osteopathic Foundation, it will not render the student ineligible for other financial aid opportunities or reduce the total aid for which they are eligible within the school.

[SIGNATURE]

Name  
Title  
Email Address  
Phone Number