

## 2025-2026 Economically Disadvantaged First Professional Study Certification (EDPS)

### Instructions

Fill out Section 1 below and submit this form to the institution/school you listed in Section 2. Section 3 must be completed by the Opportunity Program Director at the undergraduate school listed in Section 2.

Students who meet the eligibility requirements will be notified of their award amount via email. Incomplete forms will exclude you from consideration for EDPS as funds are limited.

### Section 1: Student Information

Full Name: \_\_\_\_\_ Person Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you filed a 2025-26 FAFSA? Yes No

### Section 2: Academic Program Information (to be completed by the student)

Program of Study: Dental Medical Law Pharmacy

Academic Level (year): First Second Third Fourth

Anticipated Graduation date: \_\_\_\_\_

Did you participate in an Opportunity Program as an undergraduate student? Yes No

If yes, specify the program: EOP HEOP SEEK

Undergraduate Institution: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 3: Program Director Certification (to be completed by the Opportunity Program Director)

Name of Undergraduate Institution: \_\_\_\_\_  
(Where applicant received EOP, HEOP or SEEK support.)

Dates of attendance: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Name of Institution's Program Director (please print): \_\_\_\_\_

Program Director Email Address: \_\_\_\_\_

Program Director Phone Number: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return by mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 142610-0001; by fax at 716-645-656; or through the UB Financial Aid Document Upload Portal.