CANADIAN DENTAL ASSOCIATION
ASSOCIATION DENTAIRE CANADIENNE

Dental Aptitude Test (DAT) Fee-Waiver Application Form

Applicant Information

Full Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Application Details

Is this your first time applying for a DAT fee-waiver?

☐Yes ☐No

Note: Applicants do not need to re-submit a full application for subsequent DAT fee waivers.

Equity-Deserving Group (Optional)

Do you identify as a member of an equity-deserving group?

(Equity-deserving groups are communities that may experience barriers to access, opportunities, and resources due to systemic factors)

☐ Yes ☐ No ☐ Prefer not to answer

Supporting Documentation

Please list the financial aid documentation you are submitting:

_____

_____

_____

Declaration

☐ I confirm that the information provided in this application is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____