

Financial Aid Appeal Application

2026-2027

Office of Financial Aid
1050 North Mills Avenue
Claremont, CA 91711-6101
909.621.8208
Fax: 909.607.1205
Financial_aid@pitzer.edu

Student Name (please print) _____

Student ID (if known) _____

1. Important Information

Please carefully read these instructions and all sections of this form. Incomplete appeals will be denied.

1. Complete Sections 2, 7 and 8 form.
2. Answer Sections 3 – 6 ONLY if instructed to do so on this form.
3. Provide documentation listed under 'documentation required' for the circumstance you select.

We are unable to consider appeals based on the following:

- High living expenses
- Comparison of other financial aid packages
- Consumer debt
- Expenses/situations that have not yet occurred
- Results from the Net Price Calculator
- Voluntary change in employment

Deadlines

Early Decision I Applicants	January 8, 2026
Early Decision II Applicants	February 22, 2026
Regular Decision Applicants	April 24, 2026
Current Students	August 15, 2026

If your circumstances change after these deadlines, please contact our office.

2. Reason(s) for Appeal

Check All that Apply	Documentation Required
☐ Loss of Employment and/or Income Date of Employment Loss: _____	▪ Proof of employment loss, such as termination letter, severance statement or unemployment benefits statement ▪ Copy of parent's 2025 Federal Tax Return ▪ Sections 3 and 4 of this form
☐ Reduction of Work Hours/Salary Date Reduction Occurred: _____ Pay Rate Prior to Change: _____ New Pay Rate: _____	▪ Proof of salary change, such as a letter from employer ▪ Most recent pay stubs from past month for all parents ▪ Copy of parent's 2025 Federal Tax Return ▪ Sections 3 and 4 of this form
☐ One-Time Source of Income One-time income amount: _____	▪ Copy of parents' 2025 Federal Tax Return OR if 2025 Federal Tax Return is not available, provide copies of parent's 2023 & 2024 taxes ▪ Reason for one-time source of income ▪ Section 3 of this form
☐ Recent Divorce/Separation of Parents Date Occurred: _____	▪ Proof of physical separation, such as utility bills showing parents' names and different addresses or lease/rental agreements
☐ Death of the student's parent Date of Loss: _____	▪ Documentation of medical and/or funeral expenses for parent ▪ Section 5 of this form
☐ End of Benefits Type of Benefit: _____ Date Benefit Ends: _____	List end of benefits that provided income to your household such as child support, alimony, social security or disability. ▪ Section 6 of this form
☐ Parent Education Loan Repayments Monthly Payment Amount: _____	▪ Current loan statement(s) showing balance and recent payments
☐ High Medical/Dental/Vision Expenses Amount paid in 2024: _____ Amount paid in 2025: _____	High medical expenses that exceed 4% of your total income. Do not include insurance premiums , reimbursements, or FSA/HSA contributions. ▪ Section 5 of this form
☐ Sibling Elementary/Middle/High School Tuition Amount expected to pay in 26-27: _____	▪ Private school tuition bill or contract showing tuition payments for 2026-27 ▪ Private school tuition contract showing estimates for 2026-27
☐ Elder Care Expenses Amount spent in 2024: _____ Amount spent in 2025: _____	▪ Most recent bills/statement/receipts for elder care expenses paid in the last two months ▪ Describe the type of expenses paid and the frequency of support on Section 6 of this form
☐ Natural Disaster Date Disaster Occurred: _____ Type of Disaster: _____	▪ Insurance policies to document unreimbursed expenses ▪ Contractor quotes, invoices or receipts ▪ FEMA application (if applicable)

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3. Income Projections

Complete this section if you are appealing for a change to income or one-time source of income. To the best of your ability, please estimate all sources of income that you will or may receive in 2026. If something does not apply to you, please write \$0 or N/A. Forms completed entirely with zeros will not be considered. Please provide **gross income** figures.

2026 Income January 1, 2026 – December 31, 2026	Sources of Income
\$ _____	Parent/Stepparent 1 Name: _____
\$ _____	Parent/Stepparent 2 Name: _____
\$ _____	Net profit from business or farm (do not include losses)
\$ _____	Other taxable income (interest/dividend income, rental income, alimony, pensions, unemployment, annuities, capital gain, royalties, partnerships, estates, severance, etc.)
\$ _____	Other untaxed income (disability benefits, child support, social security benefits, welfare benefits, workman's compensation, cash support from others, etc.)

4. Job Loss or Salary Reduction

A. Do you intend to pull money from your retirement to supplement your income loss?	B. What percentage of your salary/income do you contribute toward retirement (please exclude contributions from employer)?
C. What is your profession/type of work?	D. Based on the current job market and your profession, how long do you anticipate being unemployed or underemployed?

5. Other Questions (answer those that apply to your situation)

If you paid medical expenses that exceeded 4% of your income in 2024 or 2025, did you itemize those medical expenses on Schedule A of your 2024 or 2025 taxes?

Yes - Provide Schedule A and a breakdown of the expenses you itemized on Schedule A of your 2024 or 2025 taxes. - Breakdown must list what portion of the expenses were premiums, co-pays, therapy, prescriptions, etc. - You may use Section 7 of this form to provide this breakdown.	No - Provide documentation of all medical expenses paid in 2024 or 2025. - Documentation must show the amount paid and date of payment. - Do not submit documentation for bills that were not paid. - Only expenses that can be documented can be considered.
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If the student's parent has passed away, please provide information on any life insurance policies (amount, payout date, etc.).

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6. End of Benefits

Report any benefits received in 2024 that have ended or will end before June 30, 2026. If the benefit you received is not listed below, please report it under 'Other'.

Benefit	Total Received in 2024	Total Received in 2025	Current Monthly Amount	Date Ending/Ended
Child Support				
Alimony				
Disability				
Social Security				
Other: _____				

7. Written Statement (you may type in the space below or attach a separate letter)

8. Certification

I certify that the information reported on this form and all supporting documentation is true and accurate to the best of my knowledge. I understand that false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

I also certify that I understand the following:

Parent Initials

_____ There is no guarantee that an appeal will result in additional funding.

_____ Any revisions and adjustments based on this appeal are not guaranteed in future academic years.

_____ If any circumstances of this appeal continue, it is the student's responsibility to resubmit an appeal application and supporting documents by the March 2 reapplication deadline for returning students.

_____ The student is still responsible for making timely payments (if attending Pitzer). This request **does NOT** extend any payment deadlines or waive any late payment fees.

_____ The decision and results of this appeal are final.

Parent Signature

Print Name

Date