

Financial Aid Appeal Application

2024-2025

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 of this form.
2. Answer Sections 3-6 ONLY if instructed to do so on this form.
3. Provide documentation listed under 'documentation required' for the circumstances you select.

We are unable to consider appeals based on the following:

- Higher 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, 2024
Early Decision II Applicants	February 23, 2024
Regular Decision Applicants	April 24, 2024
Current Students	September 15, 2024

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

2. Reason(s) for Appeal

Check All that Apply	Documentation Required
<input type="checkbox"/> Loss of Employment and/or Income Date of Employment Loss: _____	<ul style="list-style-type: none"> ▪ Proof of employment loss, such as termination letter, severance statement or unemployment benefits statement ▪ Sections 3 and 4 of this form
<input type="checkbox"/> Reduction of Work Hours/Salary Date Reduction Occurred: _____ Pay Rate Prior to Change: _____ New Pay Rate: _____	<ul style="list-style-type: none"> ▪ Proof of salary change, such as a letter from employer or pay stubs showing prior salary & new salary ▪ Most recent pay stubs from past month for all parents ▪ Sections 3 and 4 of this form
<input type="checkbox"/> One-Time Source of Income One-time income amount: _____	<ul style="list-style-type: none"> ▪ Copy of parent's 2023 Federal Tax Return OR if 2023 Federal Tax Return is not available, provide copies of parent's 2021 & 2020 taxes ▪ Clarify the reason for one time source of income ▪ Section 3 of this form
<input type="checkbox"/> Recent Divorce/Separation of Parents Date Occurred: _____	<ul style="list-style-type: none"> ▪ Proof of physical separation, such as utility bills showing parents' names and different addresses or lease/rental agreements
<input type="checkbox"/> Death of the student's parent Date of Loss: _____	<ul style="list-style-type: none"> ▪ Documentation of medical and/or funeral expenses for parent ▪ Section 5 of this form
<input type="checkbox"/> 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. <ul style="list-style-type: none"> ▪ Section 6 of this form
<input type="checkbox"/> Parent Education Loan Repayments Monthly Payment Amount: _____	<ul style="list-style-type: none"> ▪ Current loan statement(s) reflecting present balance and recent payments ▪ Proof payment was required during the pandemic
<input type="checkbox"/> High Medical/Dental/Vision Expenses Amount paid in 2022: _____ Amount paid in 2023: _____	High medical expenses must exceed 4.2% of your total income. Do not include insurance premiums, reimbursed expenses, or FSA/HSA contributions. <ul style="list-style-type: none"> ▪ Section 5 of this form
<input type="checkbox"/> Sibling Elementary/Middle/High School Tuition Amount paid in 23-24: _____ Amount expected to pay in 24-25: _____	<ul style="list-style-type: none"> ▪ Private school tuition bill or contract showing tuition payments for 2023-24 academic year ▪ Private school tuition contract showing estimates for 2024-25 academic year
<input type="checkbox"/> Elder Care Expenses Amount spent in 2022: _____ Amount spent in 2023: _____	<ul style="list-style-type: none"> ▪ 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 7 of this form
<input type="checkbox"/> Natural Disaster Date Disaster Occurred: _____ Type of Disaster: _____	<ul style="list-style-type: none"> ▪ Insurance policies, which may include home, car and/or business to document deductibles or 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 2024. If something does not apply to you, please write \$0 or N/A. Forms completed entirely with zeros will not be considered.

2024 Income January 1, 2024 – December 31, 2024	Sources of Income
\$	Earnings from _____ (Parent/Stepparent 1 Name)
\$	Earnings from _____ (Parent/Stepparent 2 Name, if applicable)
\$	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

Do you intend to pull money from your retirement to supplement your income loss? If yes, please provide details below.

What is your profession/type of work?

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 4.2% of your income in 2023, did you itemize those medical expenses on Schedule A of your 2023 taxes?

Yes	No
<ul style="list-style-type: none">Provide Schedule A and a breakdown of the expenses you itemized on Schedule A of your 2023 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.	<ul style="list-style-type: none">Provide documentation of all medical expenses paid in 2023.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.

If your parent has passed away, please provide information on any life insurance policies (amount, payout date, etc.).

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6. End of Benefits Certification

Report any benefits received in 2022 that have ended or will end before June 30, 2025. If the benefit you receive is not listed below, please report it under 'Other'.

Benefit	Total Received in 2022	Total Received in 2023	Current Monthly Amount	Date Ending/Ended
Child Support				
Alimony				
Disability				
Social Security				
Other:				

7. Written Statement (You may type in the field below or attach a 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:

Student
Initials

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. |

Student Signature

Date

Parent Signature

Print Name

Date