

PITTSBURG STATE UNIVERSITY
Petition to Apply for Professional Judgment
2024-2025

24-25
PJ

NAME _____

PSU STUDENT ID _____

ADDRESS _____

CELL PHONE NO. _____

**Please complete in pen and
return to:**
Pittsburg State University
Office of Student Financial Assistance
1701 S. Broadway, Pittsburg, KS 66762
(620) 235-4240 or (800) 854-7488
FAX: (620) 235-4078
Email: finaid@pittstate.edu

Please submit this form along with the following documentation to the Office of Student Financial Assistance, as well as any additional information requested according to the *General Basis of Appeal* pertaining to your petition:

- **Written and Signed Explanation** of the special circumstances that affect your financial situation
- **Complete Documentation** supporting your explanation of the circumstances
- **Signed 2022 Federal Income Tax Return Transcript and all schedules** filed for Student (and Parent/Spouse if applicable)
- **Institutional Verification Form**
- **All 2022 W2's**

This form is to assist you in reporting changes in your financial circumstances. Review of your situation does not guarantee an adjustment to your aid eligibility, but will be reviewed to more accurately portray your financial situation.

Please write the student's name on all attached documentation. Submit all information together to satisfy all requirements listed above. You will be notified with the results of your appeal.

GENERAL BASIS OF APPEAL

_____ **Loss of Income/Benefits—**

- Signed copy of your/your parent's 2022 **and** 2023 federal tax return transcripts and schedules filed.
- For Social Security Benefits or Child Support Payments decreased or ceased, provide an official letter/court document describing the termination of benefits and the amount received during 2022.

_____ **Number in College—**

- Confirmation of sibling(s) Enrollment
- Copy of sibling'(s) financial aid offer or proof of payment(s) made by the family for the sibling(s)
- Proof of sibling(s) Cost of Attendance

_____ **Divorce/Separation of Parents (or Student from Spouse)**

- Copy of court order – final divorce decree, legal separation agreement

_____ **Death of Parent (or Spouse)**

- Copy of death certificate

_____ **Excessive Medical Costs Paid in 2022 that was not covered by insurance.**

- Canceled checks verifying payment made in 2022
- Printout from pharmacy/doctor/dentist detailing expenses paid by student/parent

_____ **Secondary/Elementary Tuition Expenses (Paid in 2022)**

- Canceled checks verifying payment made in 2022
- Billing statement from the school

_____ **One-Time Income**

- During 2022, statement detailing amount, type and date of receipt
- Statement indicating how funds were invested/spent – include paid receipts

_____ **Child Care Student Must Be Enrolled Full-Time (12 hours for undergraduates and 9 hours for graduate students per semester)**

- Statement listing number of dependents for which you, the student, will pay child care during the 2024-2025 academic year, total amount of child care expenses, and name and **complete** address of child care provider (REQUIRED)

_____ **Excessive Mileage**

- Statement of where you commute from and how many days a week you attend PSU.

_____ **Other:** _____

All of the information attached is true and complete to the best of my knowledge. I agree to provide more detailed documentation if required.

Student Signature

Date

Spouse/Parent Signature

Date