



PITTSBURG STATE UNIVERSITY
Petition to Apply for Professional Judgment
2025-2026

25-26
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
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
- **Institutional Verification Form**
- **All 2023 W2's**

_____ Please initial here, indicating you have read and give your consent (for purposes of this Professional Judgment), to the release of your Federal Tax Information pertaining to the 25-26 academic year. Your consent acknowledges that your FTI information will be used exclusively for the evaluation of your financial circumstances and will be handled in accordance with all applicable laws and regulations governing the confidentiality and privacy of such information.

Review of your situation does not guarantee an adjustment to your aid eligibility, but will be reviewed to more accurately portray your financial situation. Submit all information together through your Student Portal to satisfy all requirements listed above. You will be emailed with the results of your appeal.

GENERAL BASIS OF APPEAL

_____ **Loss of Income/Benefits**

- Signed copy of your/your parent's 2023 **and** 2024 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 2023.

_____ **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 2023 that was not covered by insurance.**

- Canceled checks verifying payment made in 2023
- Printout from pharmacy/doctor/dentist detailing expenses paid by student/parent

_____ **Secondary/Elementary Tuition Expenses (Paid in 2023)**

- Canceled checks verifying payment made in 2023
- Billing statement from the school

_____ **One-Time Income**

- During 2023, 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 2025-2026 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 _____