



Request for Special Consideration 2024-25

Your 2024-25 FAFSA required 2022 income information. If you feel that your household income has significantly changed since 2022, please present your situation using this form and appropriate supporting documentation. The Financial Aid Office will review each situation on an individual basis to determine if professional judgment should be utilized to recalculate financial need. We cannot guarantee an increase to the financial aid award(s), however, we do intend to be fair and timely with each case that is reviewed. The review process will generally take 2-4 weeks to complete.

Please note, if your FAFSA was selected for Verification, you must complete that process first.

STUDENT NAME: _____ **PIA ID #:** _____

EMAIL ADDRESS: _____ **PHONE #:** _____

IMPORTANT: We can only reconsider your financial aid for certain extenuating circumstances. Typical reasons have been listed below. Please check the reason(s) for your special consideration request. Failure to submit the appropriate documentation will delay or prohibit our ability to accurately review your situation. The Financial Aid Office may be required to ask for additional documentation not listed below.

For all circumstances, you **MUST** submit the following:

- ✓ 2024-25 Verification Worksheet
- ✓ 2022 and 2023 Federal 1040 Tax Return Copies
- ✓ 2022 and 2023 W2 Forms
- ✓ Documentation specific to the circumstance(s), as listed below:

Loss Of Employment or Change in Employment Status	Effective Date: _____
<ul style="list-style-type: none"> • Copy of last paystub from previous employer • Most recent paystub from new employer, if applicable • Documentation of unemployment benefits, if applicable • Termination letter from previous employer, if applicable 	
Death of a Parent or Spouse	Effective Date: _____
<ul style="list-style-type: none"> • Copy of Death Certificate 	
Divorce/Separation	Effective Date: _____
<ul style="list-style-type: none"> • Copy of divorce decree and/or separation agreement 	
One-Time Income Distribution or Payout on Tax Return (This may include Capital Gains, IRA/Pension Distributions/ Legal Settlements)	Tax Year(s) : _____
<ul style="list-style-type: none"> • Documentation of any rollover portions • Statement explaining reason for distribution and how income was used 	
Excessive Medical Expenses (In excess of 11% of annual income)	Amount Paid in 2021: \$ _____
<ul style="list-style-type: none"> • Documentation of medical expenses not covered by insurance (Billing Statements, Receipts, Schedule A of Tax Return) 	
Loss of Child Support	Effective Date: _____
<ul style="list-style-type: none"> • Court documentation pertaining to child support agreement and/or other relevant proof of child support loss/reduction 	
Other Extenuating Circumstance	Effective Date: _____
<ul style="list-style-type: none"> • Applicable documentation (contact Financial Aid Office for further guidance) 	

Student Name _____

PIA ID# _____

In the space provided below, please explain the details of your extenuating financial situation. Please be as specific and thorough as possible. You should attach an additional sheet if necessary.

Actual and Projected Financial Information

Please provide a value for each line item, even if \$0. The documentation submitted with this form should support your actual 2022, 2023 and projected 2024 figures.

INCOME SOURCE	2022	2023	2024 (Projected)
Adjusted Gross Income from Federal Tax Return			
Income from Work – Parent 1 Name:			
Income from Work – Parent 2 Name:			
Student's Income from Work			
Spouse's Income from Work (if student is married)			
Child Support Received			
Child Support Paid			
Other Income (please specify):			
As of the date the original 2024-25 FAFSA was filed, how much was in your cash, checking and/or savings?			
As of the date the original 2024-25 FAFSA was filed, what was the net worth of your investments?			

By signing this document, I (we) certify that all of the information reported is complete and correct to the best of my (our) knowledge.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT/SPOUSE SIGNATURE: _____ **DATE:** _____

RETURN TO: Pittsburgh Institute of Aeronautics - Financial Aid Office, 5 Allegheny County Airport, West Mifflin PA 15236 Fax: (412)466-0513

OFFICE USE ONLY

FAO Signature & Date of Review : _____

Professional Judgement Used? YES NO