INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Application Deadline is March 29, 2024

SUPPLEMENTAL APPLICATION for Health Professions Loan FAMILY INFORMATION 2024-2025

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People Soft ID #	Social Security #	Birthdate	Class of (year)
Last Name	First Name		MI
PARENTAL INFORMAT onsideration)	TION (All applicants M	UST complete this s	ection if applying for HPL
6. Family Status: Comple year. Use "NA" where necessary		rs of your parent's h	ousehold for the 2024-25 acade
<u>Name</u>	<u>Age</u>	Relationship	2024-25 College
		- 1	
. Did your parent's file a			YES
If NO, indicate why	. If YES, <mark>a SIGNED co</mark>	py MUST be attach	e <mark>d</mark> .
No taxable incor	me received		
		l filing minimum	
Taxable income	less than \$2,000 Federa		

ALL students' parents must complete these sections.

2022 Additional Financial Information (2022 tax year-January 1, 2022 to December 31, 2022)

Parents

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ort received for all c				\$	
	children. Don'	't include foste	er or adoption		
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5. Acknowledgements and Required Signatures

I certify that all of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have provided on this form. I realize that proof may include an official copy of my 2022 1040/A/EZ, State or local tax returns. I also acknowledge that if I do not provide such proof when asked that the student might not receive financial aid and that incorrect information may result in a reduction or cancellation of aid.

Parent signature	Date
Parent signature	Date
Student Signature	Date

Name your file last name, first name, HPL. If sending parent's taxes separate from the application, please name as last name, first name, 2022 taxes

Any questions or concerns reach out to financialaid@dental.pitt.edu