

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Application Deadline is March 30, 2026

**SUPPLEMENTAL APPLICATION for Health Professions Loan
2026-2027**

STUDENT INFORMATION

1. _____ / ____ / ____
People Soft ID # Social Security # Birthdate Class of (year)

2. _____
Last Name First Name MI

PARENTAL INFORMATION (All applicants MUST complete this section for consideration)

3. Family Status: Complete regarding all members of your parent's household for the 2026-27 academic year. Use "NA" where necessary.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>2026-27 College</u>
_____	_____	parent	_____
_____	_____	parent	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Did your parent's file a 1040/A/EZ for 2024? **NO** _____ **YES** _____

If NO, indicate why. If YES, **a SIGNED copy MUST be attached.**

- _____ **No** taxable income received
- _____ **Taxable** income less than Federal filing minimum
- _____ **OTHER** (please explain): _____
- _____
- _____

ALL students' parents must complete these sections.

2024 Additional Financial Information

(2024 tax year-January 1, 2024 to December 31, 2024)

Parents

a.	Education credits (American Opportunity, Hope and Lifetime Learning tax credits)	\$ _____
b.	Child support paid because of divorce or separation or as a result of a legal requirement.	\$ _____
d.	Taxable earnings from need-based employment programs, such as Federal Work-Study and need based employment portions of fellowships and assistantships.	\$ _____
e.	Student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits, (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.	\$ _____
f.	Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not enter non-taxed combat pay.	\$ _____
g.	Earnings from work under a cooperative education program offered by the college.	\$ _____
	TOTAL:	\$ _____

Untaxed Income (2024 tax Year-January 1, 2024 to December 31, 2024)

Parents

a.	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S).	\$ _____
b.	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh, and other qualified plans	\$ _____
c.	Child support received for all children. Don't include foster or adoption payments.	\$ _____
d.	Tax exempt interest income	\$ _____
e.	Untaxed portions of IRA distributions. Exclude rollovers. If negative, enter zero.	\$ _____
f.	Untaxed portions of pensions. Exclude rollovers. If negative, enter zero.	\$ _____
g.	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on base military housing or the value of a basic military allowance for housing.	\$ _____
h.	Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study Allowances.	\$ _____
i.	Other untaxed income such as workers' compensation, disability, etc. Don't include student aid, earned income credit, child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Social Security Income, Workforce Investment Act Educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$ _____
j.	Money received, or paid on your behalf (e.g. bills) not reported elsewhere.	\$ _____
	TOTAL	\$ _____

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 official copies of tax returns, Social Security information or other proof of income. 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, taxes

**Any questions or concerns reach
out to: taw63@pitt.edu**