

2024-2025 - Walla Walla Community College Aid Adjustment Form - Dependent

Student Name _____

Address _____
Street City State Zip code

Last 4 of Social Security Number _____ Phone Number _____

Check the box that reflects your situation and return this completed form along with:

- 1) **Copy of Student's 2022 Federal tax transcripts or submit data retrieval tool on FAFSA.**
- 2) **A brief letter explaining your situation.**
- 3) **Any additional documentation listed below:**
 - If Unemployment/Reduced hours: Copy of employment termination or notification of reduction in hours from employer.
 - If one-time income: copy of proof of the one-time income (ex. W2, tax schedules, 1099, etc.).

Loss of Income

My income has declined in 2024-2025 due to:

- unemployment, change of employer, reduction in hours, a one-time income received in 2022.

Student's Income Information	Calendar Year <small>Jan. 2024 -Dec. 2024</small>	Academic Year <small>Sept. 2024 - Aug. 2025</small>
Student's Gross Income from Work	\$	\$
Student's Other Taxable Income - Please circle:(ex. alimony received, business/farm income, rental income, unemployment, capital gains, interest/dividends, other _____)	\$	\$
Student's Other Non-Taxable Income - Please circle: (ex. child support received, military benefits other than educational benefits, tax-deferred pensions, , other _____)	\$	\$
Student's Income Exclusions – Please circle: (ex. child support PAID, AmeriCorps award, military benefits other than educational benefits, tax-deferred pensions, , other _____)	\$	\$

CERTIFICATION: I certify that the information provided on this form is true and figures provided are accurate to the best of my ability.

Student Signature/Date

Parent Signature/Date

Incomplete paperwork will not be processed. If you have any questions, please contact our office at financial.aid@wwcc.edu.

Walla Walla Community College 500 Tausick Way Walla Walla, WA 99362