

Walla Walla Community College

... Your Best Choice

2024-25 AID ADJUSTMENT FORM – DEPENDENT (Student)

| Student Name (please print): | | | |
|---|---|--|-------------------------------------|
| ctcLink ID: | Last 4 of SSN: Phone #: | | |
| Address: | | | |
| Street | City | State | Zip code |
| Copy of Student's Federal 2022 A brief letter explaining your sit Any additional documentation If Unemployment/Reduction If one-time income: cop Loss of Income My family's income has declined] unemployment [] change | listed below: ced hours: Copy of employment termination or r y of proof of the one-time income (ex. W2, tax s l in 2024-25 due to: e of employer [] reduction in hours | notification of re | |
| [] a one-time income received | in 2022 | | , |
| | ncome Information res in <u>ALL</u> categories. \$0 or N/A are acceptable.) | Calendar Year Jan. 2024 – Dec. 2024 | Academic Year July 2024 – June 2025 |
| unemployment, capital gains, interest/dividends, o | ircle: (alimony received, business/farm income, rental income, other) ase circle: (military benefits other than educational benefits, | \$ | \$ |
| tax-deferred pensions, other |): (child support PAID, AmeriCorps award, military benefits | \$ | \$ |
| | on provided on this form is true and figures are accu | | of my ability. |
| Student Signature | | Date | |

Incomplete paperwork will not be processed. If you have any questions, please contact our office.

Financial Aid Office

500 Tausick Way | Walla Walla, WA 99362 Phone: (509) 527-4301 | Fax: (509) 527-1875 financial.aid@wwcc.edu Walla Walla Community College does not discriminate on the basis of race, color, national origin, sex, gender, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Brooke Marshall, JD/Vice President of Human Resources/Title IX Coordinator/Section 504 Compliance Officer; 500 Tausick Way, Walla Walla, WA 99362; (509) 527-4300; brooke.marshall@wwcc.edu