



2024-25 AID ADJUSTMENT FORM - INDEPENDENT

Student Name (please print): \_\_\_\_\_

ctcLink ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip code

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

- 1) Copy of Student/Spouse's Federal 2022 tax transcripts/return (if not directly imported to the 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.).
- If death of a wage earner: a copy of the death certificate, documentation of any insurance payment expected to be received.
- If divorce/separation: copy of legal separation or divorce papers, clear documentation concerning expected child and/or spousal support payment or receipt.

Loss of Income

My family's income has declined in 2024-25 due to:

- [ ] unemployment [ ] retirement [ ] change of employer [ ] reduction in hours
[ ] a one-time income received in 2022 [ ] death of a wage earner [ ] divorce/separation

For divorce/separation only: Family size in 2024-25 year: \_\_\_\_\_
# in family

Table with 3 columns: Student Income Information, Calendar Year (Jan. 2024 - Dec. 2024), Academic Year (July 2024 - June 2025). Rows include Student's Gross Income from Work, Spouse's Gross Income from Work, Student/Spouse's Other Taxable Income, Student/Spouse's Other Non-Taxable Income, and Student and Spouse's Income Exclusions.

Extraordinary Expenses (please provide documentation of expense)

- [ ] Extraordinary medical/dental expenses not covered by insurance (please attach documentation, schedule A)
[ ] I have the following unusual circumstances which limit my ability to assist with my own education expenses: \_\_\_\_\_

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

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