



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

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

- 1) **Copy of Student's Federal 2022 tax transcripts/signed 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.).

☐ **Loss of Income**

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

- [] unemployment [] change of employer [] reduction in hours
[] a one-time income received in 2022

Student Income Information (Please make sure to fill in both boxes in <u>ALL</u> categories. \$0 or N/A are acceptable.)	Calendar Year	Academic Year
	Jan. 2024 – Dec. 2024	July 2024 – June 2025
Student's Gross Income from Work	\$	\$
Student's Other Taxable Income – Please circle: (alimony received, business/farm income, rental income, unemployment, capital gains, interest/dividends, other _____)	\$	\$
Student's Other Non-Taxable Income – Please circle: (military benefits other than educational benefits, tax-deferred pensions, other _____)	\$	\$
Student's Income Exclusions – Please circle: (child support PAID, AmeriCorps award, military benefits other than educational benefits, other _____)	\$	\$

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

financial.aid@wwcc.edu

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