



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/return
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

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, Student's Other Taxable Income, Student's Other Non-Taxable Income, and Student's Income Exclusions.

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.