



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/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.).
- 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

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

☐ **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

financial.aid@wwcc.edu

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