

2023-2024 - Walla Walla Community College Aid Adjustment Form - Dependent

Student Name _____

Address _____
Street City State Zip code

Last 4 of Social Security Number _____ Phone Number _____

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

- 1) **Copy of Parent's 2021 Federal tax transcripts or submit data retrieval tool on 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 2023-2024 due to:
- unemployment, retirement, change of employer, reduction in hours,
 a one-time income received in 2021, death of a wage earner, divorce/separation.

Household size in 2023-2024 year: _____ # in Household _____ # in College (for divorce/separation only)

Parent's Income Information	<u>Calendar Year</u> <small>Jan. 2023 -Dec. 2023</small>	<u>Academic Year</u> <small>Sept. 2023 – Aug. 2024</small>
Parent 1 Gross Income from Work	\$	\$
Parent 2 Gross Income from Work	\$	\$
Parent's Other Taxable Income - Please circle:(ex. alimony received, business/farm income, rental income, unemployment, capital gains, interest/dividends, other _____)	\$	\$
Parent's Other Non-Taxable Income - Please circle: (ex. child support received, military benefits other than educational benefits, tax-deferred pensions, , other _____)	\$	\$
Parent's Income Exclusions – Please circle: (ex. child support PAID, AmeriCorps award, military benefits other than educational benefits, tax-deferred pensions, , other _____)	\$	\$

- Extraordinary Expenses (please provide documentation of expenses)**
- Extraordinary medical/dental expenses not covered by insurance (please attach documentation, schedule A).
 I have the following unusual circumstances which limit our ability to assist our student with his/her educational expenses: _____

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

 Student Signature/Date

 Parent Signature/Date

Incomplete paperwork will not be processed. If you have any questions, please contact our office at financial.aid@wwcc.edu.