

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

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 Student/Spouse's Federal 2021 tax transcripts or submit FAFSA data retrieval tool.**
- 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)

Student's Income Information	<u>Calendar Year</u> <small>Jan. 2023 -Dec. 2023</small>	<u>Academic Year</u> <small>Sept. 2023 – Aug. 2024</small>
Student's Gross Income from Work	\$	\$
Spouse's Gross Income from Work	\$	\$
Student and Spouse's Other Taxable Income - Please circle:(ex. alimony received, business/farm income, rental income, unemployment, capital gains, interest/dividends, other _____)	\$	\$
Student and Spouse's Other Non-Taxable Income - Please circle: (ex. child support received, military benefits other than educational benefits, tax-deferred pensions, , other _____)	\$	\$
Student and Spouse'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 my ability to assist with my own 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

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