



The Free Application for Federal Student Aid (FAFSA) collects income information from two years prior to the current school year. The Financial Aid Office recognizes that financial circumstances can often change and impact a family's ability to pay for the cost of education. Students experiencing special circumstances impacting their income or household expenses may request an evaluation of the income used to establish their eligibility or adjustments to their cost of attendance by submitting the Aid Adjustment form. The Financial Aid Office will re-evaluate your financial aid eligibility only after receiving all requested and required documentation.

Financial Aid may use professional judgement, as long as it is within the intent of the law. Your request will be given careful consideration and will extend the processing the time. The Financial Aid Office is **not** required to adjust awards. A request for review of special circumstances does not guarantee an increase in funding.

- Dependent Student:** Student and Parents/Stepparent
 Independent Student: Student and Spouse (if applicable)

All Professional Judgement submissions require each of the following:

- 2024 or 2025 Tax Return or tax Transcript (signed and dated)
 2024 or 2025 ALL W-2s
 Detailed statement explaining your circumstances and request

Reason for Request and Additional Documentation Required:

Check the box that reflects your situation and return this completed form along with relevant required documents

Loss or Reduction of Income (mark applicable reason)

___ unemployment ___ retirement ___ change of employer
___ reduction in hours ___ a one-time income received in 2023

- Copy of employment termination or notification of reduction in hours from employer
- If Independent student or parent(s) were non-filers, provide a letter of non-filing or a statement

Death of Parent or Spouse

Date of Death: ___/___/___

- Copy of Death Certificate
- Documentation of any insurance payment expected to be received

Divorce/Legal Separation

Effective Date: ___/___/___

- Copy of divorce decree or verification of filing for divorce
- Clear documentation concerning expected child and/or spousal support payment or receipt
- Copy of 2023 or 2024 W-2 forms, if joint tax return was filed
- If a joint return was filed, indicate which parent will remain on the FAFSA application
- If this is the second continuous year of separation, we require proof of separate households (i.e., utility bills of lease agreement)

Extraordinary Expenses (please provide documentation of expenses)

- Extraordinary medical/dental expenses not covered by insurance (must include tax form Schedule A).
- I have the following unusual circumstances which limit my ability to assist with my own educational expenses: _____

Please note: Each situation is reviewed on an individual basis. The following reasons generally do not result in a change to financial aid eligibility: bankruptcy (Chapter 7), foreclosure, private primary and secondary school tuition.

Additional information may be requested from you.



| | | | |
|--|-------------|---------------------------|-----------------|
| Student Name _____ | | ctcLink ID # _____ | |
| Address _____ | | | |
| Street | City | State | Zip code |
| Last 4 of Social Security Number _____ | | Phone Number _____ | |
| Household size in 2025-2026 year: _____ # in Household _____ # in college (for divorce/separation only) | | | |
| Current SAI: _____ (Students requesting an aid adjustment with an SAI of 0 through -1500 will be denied as they are already eligible for full Financial Aid funding). | | | |

| Income Information | |
|--|---|
| If you are: Dependent: student and parental information is required. Independent and married student and spouse information are required. | Indicate which year will be used: |
| Income: gross wages, salaries, tips (Including severance pay, disability payments and other income from work) | <input type="checkbox"/> 2024 Year <i>or</i> <input type="checkbox"/> 2025 Year |
| Student | \$ _____ |
| Spouse | \$ _____ |
| Parent 1 | \$ _____ |
| Parent 2 | \$ _____ |
| Indicate who it applies to for the following circumstances below: <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 | |
| Other Taxable Income (Including: unemployment, interest, dividends, alimony, capital gains, rental income, taxable Social Security, etc.). | \$ _____ |
| Other Non-Taxable Income (Including: workers compensation, disability, L & I, pensions, rent/food/utilities and/or money received on your behalf) | \$ _____ |
| Child Support Received | \$ _____ |
| Severance Pay | \$ _____ |

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 (Required if student is Dependent)

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

Walla Walla Community College does not discriminate on the basis of race, color, national origin, sex, gender, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Vice President of Human Resources/ Title IX Coordinator/Section 504 Compliance Officer; 500 Tausick Way, Walla Walla, WA 99362; (509) 527-4300; titleix@wwcc.edu