

Aid Adjustment Request 2026-27

Elementary/Secondary Educational Expenses

STUDENT FINANCIAL SERVICES

204 S. College Avenue
College Place, WA 99324-1198
fax (509) 527-2556
sfs.wallawalla.edu

WWU Student's

Parent's

Name: _____

Name: _____

Address: _____

Address: _____

City, St: _____

City, St: _____

WWU Student ID: _____

Phone Number: _____

Name of Student in Elementary/Secondary School (cannot be the student named above): _____

School Name	Grade		Tuition	Other Expenses (books, dorm, etc.)	School Resources (work, Scholarships)
_____	_____	January 2024	_____	_____	_____
		February 2024	_____	_____	_____
		March 2024	_____	_____	_____
		April 2024	_____	_____	_____
_____	_____	May 2024	_____	_____	_____
		June 2024	_____	_____	_____
		July 2024	_____	_____	_____
		August 2024	_____	_____	_____
_____	_____	September 2024	_____	_____	_____
		October 2024	_____	_____	_____
		November 2024	_____	_____	_____
		December 2024	_____	_____	_____

Please consider these elementary/secondary school expenses when calculating my financial aid. I (we) authorize Walla Walla University to contact the school(s) named to confirm these tuition amounts were paid. If these changes affect my Pell Grant eligibility, please make the appropriate changes with the Dept. of Education.

WWU Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Please allow a minimum of one week for processing this adjustment.

EMAIL: financial.aid@wallawalla.edu

*****FOR OFFICE USE*****

Action Taken:

Signature (SFS): _____ Date: _____

