

# Aid Adjustment Request 2026-27

## New Parental Circumstances

STUDENT FINANCIAL SERVICES

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

Student's

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
WWU Student ID: \_\_\_\_\_

Parent's

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Please give a detailed explanation below of the change in your financial situation (attach additional page if necessary):

**\*When applicable, submit supporting evidence of your circumstances.** We require a copy of the parents' 2024 tax return and Schedule 1 forms. For consideration of circumstances brought about by income change, please fill out the following:

	Mother's Gross Income:		Father's Gross Income:	
	Actual	Estimated	Actual	Estimated
January 2024				
February 2024				
March 2024				
April 2024				
May 2024				
June 2024				
July 2024				
August 2024				
September 2024				
October 2024				
November 2024				
December 2024				
January 2025				
February 2025				
March 2025				
April 2025				
May 2025				
June 2025				

**\*Actual income is required up to the date of application.**

To the best of my knowledge, the above information is correct. If these changes affect my PELL Grant eligibility, please make the appropriate changes with the Department of Education.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

EMAIL: [financial.aid@wallawalla.edu](mailto:financial.aid@wallawalla.edu)

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

Action Taken:

Signature (SFS): \_\_\_\_\_ Date: \_\_\_\_\_

