

Aid Adjustment Request 2025-26

New Student 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 your 2023 tax return and Schedule 1 forms. For consideration of circumstances brought about by income change, please fill out the following:

	Student's Gross Income:		Spouse's Gross Income:	
	Actual	Estimated	Actual	Estimated
January 2023	_____	_____	_____	_____
February 2023	_____	_____	_____	_____
March 2023	_____	_____	_____	_____
April 2023	_____	_____	_____	_____
May 2023	_____	_____	_____	_____
June 2023	_____	_____	_____	_____
July 2023	_____	_____	_____	_____
August 2023	_____	_____	_____	_____
September 2023	_____	_____	_____	_____
October 2023	_____	_____	_____	_____
November 2023	_____	_____	_____	_____
December 2023	_____	_____	_____	_____
January 2024	_____	_____	_____	_____
February 2024	_____	_____	_____	_____
March 2024	_____	_____	_____	_____
April 2024	_____	_____	_____	_____
May 2024	_____	_____	_____	_____
June 2024	_____	_____	_____	_____

***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.

Student's Signature: _____ Date: _____

Spouse'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: _____

