

# 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](mailto:financial.aid@wallawalla.edu)

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

Action Taken:

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

