

Aid Adjustment Request 2025-26

Unusual 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):

		Actual Expenses thru this month	Est. Expenses after this month	Comments
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	_____	_____	_____

To the best of my knowledge, the above information is correct. Please consider these expenses when calculating my financial aid. If these changes affect my Pell Grant eligibility, please make the appropriate changes with the Department of Education.

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: _____



SEVENTH-DAY
ADVENTIST
HIGHER
EDUCATION