

# Graduate Financial Aid Application

For graduate students planning to attend between fall 2026 and summer 2027

To apply for financial aid from the government and the University:

- Complete this form. Or for faster processing, apply online at [sfs.wallawalla.edu/application](http://sfs.wallawalla.edu/application)
- Complete a Free Application for Federal Student Aid (FAFSA) at [studentaid.gov/fafsa](http://studentaid.gov/fafsa) (school code: 003799). To speed things up, sign your FAFSA electronically using your FSA ID. If you have not created an FSA ID, go to [studentaid.gov/fsa-id/create-account](http://studentaid.gov/fsa-id/create-account) to complete the process.

## About You

### Personal Information

Full Legal Name (Last, First, Middle, Maiden)

Name When You First Applied (*if different from above*)

Date of Birth (MM-DD-YYYY) \_\_\_\_\_

WWU Student ID Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Citizenship  US  Other \_\_\_\_\_

Will you be attending on an F-1 Visa?  Yes  No

### Permanent Contact Information

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address (non-WWU): \_\_\_\_\_



SEVENTH-DAY  
ADVENTIST  
HIGHER  
EDUCATION

Return this form to:

Walla Walla University • Student Financial Services

204 South College Avenue • College Place, WA 99324-1198

Phone (509) 527-2315 • (800) 656-2315

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

Do you plan to live in University housing?

Yes  No

### Academic Information

Which Graduate Program do you plan to enroll in?

Biology \_\_\_\_\_ Engineering \_\_\_\_\_

Education \_\_\_\_\_ Social Work \_\_\_\_\_

MBA \_\_\_\_\_

How many credit hours do you plan to take at WWU?

Fall '26 \_\_\_\_\_ Winter '27 \_\_\_\_\_

Spring '27 \_\_\_\_\_ Summer '27 \_\_\_\_\_

### Your Financial Resources

Are you a Veteran?  Yes  No

If you receive any of the following, please specify the amount(s).

Scholarships (other than WWU's)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

### Your Word

I certify that the information provided is true and correct. I affirm that I will notify the Student Financial Services Office of any increase of funds in excess of \$100 that I may receive during the academic year. I understand that I may be asked for additional information and that I may need to supply a copy of my 2024 tax return.

Student's Signature

Date