

# Financial Aid Application

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

For faster processing, please complete this form online at [sfs.walla.edu/application](http://sfs.walla.edu/application).

To apply for financial aid from the U.S. government, please complete the 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.  
To get the maximum aid award available, please complete the financial aid process before April 30. To avoid delays, fill out your applications carefully, providing signatures where required.

## 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): \_\_\_\_\_

### School Year Contact Information

School Year Mailing Address (*if different from above*): \_\_\_\_\_



SEVENTH-DAY  
ADVENTIST  
HIGHER  
EDUCATION

School Year Phone: \_\_\_\_\_

Where do you plan to live while attending WWU?

Residence Hall (*if you know which, check it*)  
 Conard/Foreman Hall (*women*)  
 Meske Hall (*men*)  
 Sittner Hall (*men*)  
 Portland Campus Dorm  
 Off-campus, University-owned Housing  
 Your Own Home  
 With Your Parents  
 Other (*specify*) \_\_\_\_\_

### Academic Information

School You Attended in 2025-26 (*if any*): \_\_\_\_\_

How many credit hours do you plan to take at WWU? (12-16 is a full load)

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

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

Major Field(s) of Study: \_\_\_\_\_

## 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*)

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

If any parent is currently employed within the SDA denomination, will you receive educational subsidy during the 2026-27 school year?

Yes  No  Not Sure

From which conference? \_\_\_\_\_

Through which parent? \_\_\_\_\_

Taxable or Non-Taxable? \_\_\_\_\_

## Your Family

Your Father

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Your Mother

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

May we talk to this person member regarding your college finances? Father  Yes  No

Mother  Yes  No

Stepfather  Yes  No

Stepmother  Yes  No

Is there someone else you would like us to have permission to discuss your account with?

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

May we leave automated messages on your cell phone?  Yes  No

## Your Word

By submitting this form, 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 2024 tax return information.

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Student's Signature

Date

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