

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.wallawalla.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 (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 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: _____

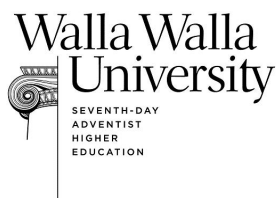
Home Phone: _____

Cell Phone: _____

E-mail Address (non-WWU): _____

School Year Contact Information

School Year Mailing Address (if different from above): _____



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.

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