

2024-2025  
STUDENT REVISION

DUE TO DECREASE IN RESOURCES OF STUDENT OR SPOUSE

**Section A:** STUDENT INFORMATION (please print)

_____	_____	_____	ID#:	_____
Last Name	First Name	MI	ctcLink ID required	
_____		_____		
Address (include apt # if applicable)		Date of Birth		
_____	_____	_____		
City	State	ZIP Code	Daytime Phone (include area code)	
			_____	
I certify that all information provided on this form is true and complete to the best of my knowledge. If an adjustment is granted based on estimated income, I agree to report any increase in that income to the Financial Aid office. I understand that a digital or electronic typed signature has the same legal effect, and can be enforced in the same way, as a written signature.				
Student Signature _____			Date _____	

\*\*\*Please note that this form is **NOT** used for requesting additional student expense consideration. That form is titled "Additional Expense Request for Students". If you are a Dependent student and wish to report changes in your **parent** circumstances, please have them fill out the **PARENT** Revision Request form.\*\*\*

**Instructions:** If you have had a change in circumstances, we may be able to use your 2023 income OR your projected resources for the 2024/2025 school year (07/01/24-06/30/25) instead of the actual resources from the 2022 tax year to determine your family contribution. Read and fill out each section carefully to prevent errors. Complete **ALL** sections. If you are currently married and not separated, provide BOTH your and your spouse's income information. **Where the question does not apply, or the answer is "none", enter zero.** Leaving blanks may delay the processing of your request. Questions? 509-682-6810 or [financialaid@wvc.edu](mailto:financialaid@wvc.edu)

In addition to this form, you need to provide a statement to support your extenuating circumstances and why you are requesting this revision. This request needs to include dates, explanations, supporting documentation and signatures. Be aware that only \*ONE\* Revision Request will be processed per academic year.

**Section B:** TYPE OF CHANGE (please check and complete all appropriate selections)

**PERMANENT CHANGE IN STUDENT MARITAL STATUS**, since FAFSA/WASFA was filled out. I am requesting to exclude spouse income/information.

1. Type of marital status change: \_\_\_ widowed \_\_\_ separated \_\_\_ divorced
2. Date of marital status change: \_\_\_\_\_ Spouse Name: \_\_\_\_\_
3. Spouse is a WVC student  Yes  No If yes, list Spouse ctcLink ID# \_\_\_\_\_

**DECREASE IN STUDENT AND/OR SPOUSE EARNED INCOME**

1. Date of income change: \_\_\_\_\_ Decrease is for \_\_\_ Student \_\_\_ Spouse (complete Spouse info above)
2. Income change is due to: \_\_\_ Loss of Job \_\_\_ Reduced hours \_\_\_ Job Change \_\_\_ Retired \_\_\_ Loss of Unemployment Benefits \_\_\_ Other (explain: \_\_\_\_\_)

You can include any additional info related to above changes here (or attach additional statement as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER CIRCUMSTANCES:** Attach a separate signed letter explaining how your ability to contribute has been affected. Include what adjustments you are requesting and why, as well as any supporting documentation.

**MUST COMPLETE SECTION C & D**

**Section C: NON-TAXABLE INCOME/ASSISTANCE** **\*\*REQUIRED section - if none apply, check last option.**  
 Count Student, spouse, and dependents only in household. **NOTE: DO NOT PUT AMOUNTS. THE AMOUNTS ARE NOT COUNTED AGAINST YOUR FINANCIAL AID CALCULATIONS.**

During the 2024-2025 school year, my  **SPOUSE**  **CHILD** will be attending college and receiving Financial Aid (loans, grants, work study, and/or scholarships) which will be used to pay for living expenses. **Name of spouse/child attending college** \_\_\_\_\_ **College Name:** \_\_\_\_\_

My household (student/spouse/dependents only) is currently receiving and will continue receiving one or more of the following to pay for living expenses (rent, utilities, food, transportation, etc.) during 2024-2025. (Check all appropriate items):

<input type="checkbox"/> DSHS/Welfare	<input type="checkbox"/> Food Stamps/SNAP	<input type="checkbox"/> Subsidized Housing	<input type="checkbox"/> Supplemental Security Income (SSI Disability)
<input type="checkbox"/> Social Security (UNTAXED/not included on Tax Return)		<input type="checkbox"/> Social Security Disability Insurance (SSDI)	
<input type="checkbox"/> BAH/Military Housing	<input type="checkbox"/> Combat Pay	<input type="checkbox"/> Other State or Federal Assistance _____	

None of the above applies.

**Section D: Check one option and follow directions. Do NOT include Covid Stimulus or CARES funding:**

**Option 1: My 2023 income reflects my current circumstances. Please use my 2023 tax return for my 2024/2025 financial aid information. I am attaching a tax transcript or a SIGNED copy my 2023 taxes (including all W2s) and listing all 2023 untaxed income here:**

Child Support received in 2023: \$ \_\_\_\_\_

Total other untaxed income received in 2023 \$ \_\_\_\_\_ (See Category 2 below, list sources)

**Option 2: Please use my Projected year income for my 2023/2024 financial aid information. \*\*If choosing this option, complete all items below, both categories. Where the answer is "none", enter "0". Leaving blanks may delay processing of your request. Attach copies of supporting documents (example: YTD pay stubs, Unemployment stubs, SSI/L&I benefit letters).**

<b>Instructions:</b> Complete BOTH "ACTUAL" and "ESTIMATED" columns. Use whole dollar amounts, no cents. Note: "Today" & "Tomorrow's date" will depend on date you fill out the form. "Actual" refers to funds you HAVE received. "Estimated" should be what you EXPECT to receive.	<b>ACTUAL Totals:</b> July 1, 2024 through Today	<b>ESTIMATED Totals:</b> Tomorrow through June 30, 2025	<b>THIS COLUMN IS FOR FAID OFFICE USE ONLY</b>
<b>Category 1 - Taxable Income:</b>			
Student's gross income from <b>work</b> : (Do not include work-study.)	\$	\$	\$
Spouse's gross income from <b>work</b> : (Do not include work study.)	\$	\$	\$
***Unemployment Benefits - Student	\$	\$	\$
***Unemployment Benefits - Spouse	\$	\$	\$
Other taxable income – total for student/spouse: (interest, dividends, rental income, alimony, capital gains etc.) Source: _____	\$	\$	\$
<b>Category 2 - Non-taxable Income:</b>	<b>Total AGI: \$</b>		
Child support <b>received</b> :	\$	\$	\$
All other untaxed income and benefits <b>NOT</b> listed in Section C: (example: DVR, workers compensation/L & I, Veterans non-education benefits, disability income other than SSI/SSDI, etc.) <b>list source below:</b> _____	\$	\$	\$

<b>For Office Use Only:</b> ___ Approve ___ Deny Initials: _____ Process date: _____ Professional Judgment used due to: ___ Projected income better reflects circumstances. ___ Expenses affect ability to contribute ___ other: _____	<b>For Office Use Only</b> Prior TR/EFC ___/_____ New TR/EFC ___/_____ _____
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*This page is for information purposes only. It is not required to be submitted with your form.*

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## ***Wenatchee Valley College Non-discrimination Statement***

Wenatchee Valley College is committed to a policy of equal opportunity in employment and student enrollment. All programs are free from discrimination and harassment against any person because of race, creed, color, national or ethnic origin, sex, sexual orientation, gender identity or expression, the presence of any sensory, mental, or physical disability, or the use of a service animal by a person with a disability, age, parental status or families with children, marital status, religion, genetic information, honorably discharged veteran or military status or any other prohibited basis per RCW 49.60.030, 040 and other federal and laws and regulations, or participation in the complaint process.

The following persons have been designated to handle inquiries regarding the non-discrimination policies and Title IX compliance for both the Wenatchee and Omak campuses:

- To report discrimination or harassment: Title IX Coordinator, Wenatchi Hall 2322M, (509) 682-6445, title9@wvc.edu.
- To request disability accommodations: Student Access Coordinator, Wenatchi Hall 2133, (509) 682-6854, TTY/TTD: dial 711, sas@wvc.edu.

## ***Wenatchee Valley College Declaraciones de no discriminación***

Wenatchee Valley College está comprometido a una política de igualdad de oportunidades en el empleo y la matriculación de estudiantes. Todos los programas están libres de discriminación y acoso contra cualquier persona debido a raza, credo, color, origen nacional o étnico, sexo, orientación sexual, identidad o expresión de género, la presencia de cualquier discapacidad sensorial, mental o física, o el uso de un animal de servicio por una persona con discapacidad, edad, estatus o familias con niños, estado civil, religión, información genética, veterano descargado honorablemente o estatus militar o cualquier otra base prohibida por el RCW 49.60.030, 040 y otras leyes y reglamentos federales, o participación en el proceso de queja.

Las siguientes personas han sido designadas para atender consultas sobre las políticas de no discriminación y el cumplimiento del Título IX para los campus de Wenatchee y Omak:

- Para denunciar discriminación o acoso: Coordinador del Título IX, Wenatchi Hall 2322M, (509) 682-6445, title9@wvc.edu.
- Para solicitar adaptaciones para discapacitados: Coordinador de acceso estudiantil, Wenatchi Hall 2133, (509) 682-6854, TTY/TTD: marque 711, sas@wvc.edu