

**2024-2025 STUDENT
REVISION REQUEST**

DUE TO DECREASE IN RESOURCES OF STUDENT OR SPOUSE

Section A: STUDENT INFORMATION (please print)

_____ ID#: _____
 Last Name First Name MI ctcLink ID required

_____ Date of Birth
 Address (include apt # if applicable)

_____ Daytime Phone (include area code)
 City State ZIP 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 income from the last 6 months** (the other six months will be estimated based on the information received) to determine your Student Aid Index (SAI). 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

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: _____

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.

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 income for the last 6 months to recalculate my Student Aid Index (SAI) for the 2024/2025 academic year. ***if choosing this option, complete all items below. 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).*

Instructions: Use whole dollar amounts, no cents. Note: Do not forget To attach the extenuating circumstances letter and supporting documents.	Income from the last 6 months until today	Six months estimation FAID OFFICE USE ONLY	THIS COLUMN IS FOR FAID OFFICE USE ONLY
Category 1 - Taxable Income:			TOTAL
Student's gross income from work : (Do not include work-study.)	\$		\$
Spouse's gross income from work : (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: _____	\$		\$
Category 2 - Non-taxable Income:			\$
Child support received :	\$		\$
All other untaxed income and benefits NOT listed in Section C: (example: DVR, workers compensation/L & I, Veterans non-education benefits, disability income other than SSI/SSDI, etc.) list source below: _____	\$		\$

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

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