
Student	First name	Last name	Student I.D. number
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Parent on FAFSA	First name	Last name
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Please review the checked box(es) that reflect your situation. Your 2025-26 financial aid offer will remain estimated until this document is signed and returned, along with the other requested documents.

- Loss of Income**
My family's income declined from 2023 to 2024 due to (check appropriate box(es):
- Unemployment Retirement Change of employer Reduction in hours 2023 One-time Income

Provide a signed copy of :

___ Parent 2024 Federal Tax Return and W2s ___ Student 2024 Federal Tax Return and W2s

- A Family Member (listed on the 2025-26 FAFSA) is Attending College**
___ Provide a written statement outlining out of pocket costs (minus financial aid) for your family. Costs include tuition, fees, books/supplies for the 2025-26 academic-year.

- High Medical and Dental Expenses**
___ Provide a written summary of expenses for the 2024 year not covered by insurance. Be prepared upon request to provide receipts supporting financial statements.

- Support of Additional Family Members Not Included on the 2025-26 FAFSA**
___ Provide a written statement explaining the situation including the relationship to the student, the amount and type of support provided and the reason why support is necessary.

- Private School Expenses (elementary and secondary)**
___ Provide a written statement of the expenses your family will pay in private school tuition and fees for the 2025-26 academic year. Attach the school contract, accounting statement, or other proof of payment plan.

Review of Assets – I would like my asset of _____
or a portion of my asset NOT to be included in the calculation of my SAI because (feel free to attach statement):

Other _____
____ Provide Signed Supporting Documents

CERTIFICATION: *I/We certify that the information provided on this form is true and that figures provided are accurate to the best of our/my ability. I/We understand that these changes are to be reviewed for the 2025-26 academic year only. A signature from the parent and student whose information was reported on the FAFSA is required if this adjustment is required.*

Student's signature Date Parent's signature Date

Daytime Phone Number Daytime Phone Number Email

Upon completion, STUDENT upload this form to the provided "Manage" document option under Self-Service/Financial Aid/Required Documents, or drop off or mail to the address below. We highly discourage attaching documents to an unsecure email.

**WHITWORTH FINANCIAL AID OFFICE
300 WEST HAWTHORNE ROAD, SPOKANE, WA 99251**