

**2022-2023 REVISION REQUEST  
Information Sheet**

**For change of resources**

If you would like to be considered for a re-evaluation of your financial aid award because of DECREASED RESOURCES and/or CHANGE OF CIRCUMSTANCES since you completed your Free Application for Federal Student Aid (FAFSA), you may submit a *Revision Request Form*. Please keep in mind that financial aid funds are limited and our response may depend on the funds available. In addition, adjustments are subject to federal and institutional guidelines. Processing time varies from as little as two weeks to several months during the peak processing period. We will send an award letter to you if we are able to offer additional aid or we will notify you in writing if your request is denied.

**\*\*\*\*\*Parents and Students use different forms, please read carefully\*\*\*\*\***

**STUDENT REVISION FORM:** If you are requesting a revision based on a change in student and/or spouse resources or circumstances you will need to fill out the STUDENT Revision Request form.

**PARENT REVISION FORM:** If you are a dependent student and the revision request is due to a change in parental resources or circumstances, you will need to have your parents fill out a PARENT Revision Request form.

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**Use STUDENT REVISION FORM for:**

**1. LOSS OF JOB / DECREASE IN INCOME OF STUDENT OR SPOUSE.** If you (and or spouse) are unable to provide the expected calculated contribution toward your educational costs due to a permanent change resulting in a substantial decrease in expected income, use this section of the Student Revision form to document your income for the 2022-2023 school year and the reason for the change.

The standard need analysis uses calendar year 2020 income and benefits in the calculation of a student's contribution. If your (or your spouse's) income has changed significantly since 2020, complete this section of the Student Revision form. We may be able to recalculate your expected contribution using your 2021 income or your projected income and benefits for the 2022-2023 school year (7/01/2022-6/30/2023). **You must report all income and benefits for the entire period.**

**2. CHANGE IN STUDENT MARITAL STATUS.** See options below. **Do NOT update your status on your FAFSA on your own, or the result will be an edit or reject flag which you will have to work with us to resolve.**

- If you **were** married when you first completed the 2022-2023 FAFSA but are **now** widowed, divorced or separated, complete this section of the Student Revision form and we may be able to adjust your financial aid eligibility using just your income and assets, not your spouse's.
- If you have married since you first applied, you may request that we consider your new "married" status. **\*\*\*In this case, do not use the Student Revision form. Please contact our office for the "Marital Status Update" form.\*\*\***

**3. OTHER CHANGES IN STUDENT CIRCUMSTANCES.** Complete the Student Revision form and attach a separate sheet explaining the change, or circumstances affecting your ability to contribute to your educational cost. Be very specific. We will notify you if we need more information.

*See other side for information on changes to parental circumstances*

## Use PARENT REVISION FORM for:

**1. REQUEST DUE TO DECREASE IN RESOURCES OF PARENT OR STEPPARENT:** If a change in your parent's financial situation has occurred or there are special circumstances that affect your parent's ability to support your college education, use the Parent Revision form to request special consideration. Please explain and document the situation carefully. Incomplete requests cannot be approved.

**2. CHANGE IN PARENT MARTIAL STATUS:** If your parent has become widowed, divorced, or separated since the FAFSA was first filled out, we may be able to recalculate using information for only one parent. If your parent married after completing the FAFSA, you do not have to report it this year unless you are requesting a revision. However, your parent's new status and your stepparent's information must be reported if submitting a Parent Revision form, and on future aid applications. Your parents may attach a separate sheet explaining how their ability to contribute is affected. We will notify you if we need more information.

**3. DECREASE IN PARENT/STEPPARENT INCOME:** If your parent and/or stepparent's current income is significantly lower than in 2020, check the box indicated on the Parent Revision Request form. For each parent with a decrease, list his/her name, date of change and the reason for the decrease in income. Also complete the parent Change of Resources Worksheet.

**4. UNUSUAL EXPENSES:** If your parent(s) have unusual expenses that may affect their ability to contribute to your college expense, they may request a review of and possible adjustment to their expected contribution. Submit a completed PARENT Revision Request form, attach a written request attached explaining in detail the expenses, along with supporting documentation

- **CHILD SUPPORT PAID:** If your parent's ability to support your education costs is affected by the child support they pay for the support of children outside of your household, have your parent list the name and ages of the children and the amount of child support paid on their behalf.
- **FAMILY MEDICAL EXPENSES:** If your family believes the level of their non-elective medical/dental expenses affects your parents' ability to support you in school, list the level of medical/dental expenses paid by your parent(s) (not paid by insurance) for the 2022-2023 school year. Also, on a separate sheet, list the names of the care provider and the patient, dates of treatment, gross charges, amount of insurance received for treatment, and net expense to your parent(s). Attach a copy of the most recent bill or statement for each provider. If consideration is desired for elective care, a statement is required.
- **K-13 SCHOOL TUITION PAID FOR DEPENDENT CHILDREN:** In general, private school enrollment and related costs are regarded as discretionary expenses that do not warrant an adjustment of a financial aid evaluation at Wenatchee Valley College. In some cases, there may be circumstances that compel the family to choose private education. If such a situation affects your parents' ability to fund your educational costs, list the expense on the worksheet and attach a separate sheet indicating the name and age of the child, the name and location of the school, the annual tuition paid for attendance, and a brief statement explaining why the family considers private school attendance essential.
- **PARENT COLLEGE EXPENSES:** If one or both of your parents are attending an approved college degree or certificate program and you would like us to consider how their own college expenses affect their ability to contribute to your educational costs, list the amount of the expenses on the worksheet. Attach a separate sheet with the following information for each parent enrolled in college: name of the parent, the type of degree or certificate program pursued, the name and location of the college/school attended, the number of credits taken each term, a detailed list of expenses associated with their attendance for the year, any aid/employer reimbursements or other assistance, etc. for attendance, and the signature of the parent.

**5. OTHER PARENT CIRCUMSTANCES:** If a change in your parent's ability to support you in school does not fall under the categories above, or there are special circumstances that you would like us to consider, submit a completed PARENT Revision Request form, with an attached written request explaining the situation in detail and how your parent's ability to contribute to your education is affected. Attach any relevant documentation. We will notify you if we need more information.

**2022-2023 STUDENT  
REVISION REQUEST**

**22-23  
STUDENT  
Revision  
EWV152**

**DUE TO DECREASE IN RESOURCES OF STUDENT OR SPOUSE**

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ ID#: \_\_\_\_\_  
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 2021 income OR your projected resources for the 2022/2023 school year (**07/01/22-06/30/23**) instead of the actual resources from the 2020 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.

In addition to this form you need to provide a statement to support your extraneous circumstance and why you are requesting this revision. This request needs to include dates, explanations, supporting documentation and signatures.

**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.

**COMPLETE THE OTHER SIDE OF FORM**

**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 2022-2023 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 2022-2023. (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 2021 income reflects my current circumstances. Please use my 2021 tax return for my 2022/2023 financial aid information. I am attaching a Tax Return Transcript or a SIGNED copy my 2021 Tax Return (including all W2s) and listing all 2021 untaxed income here:**

Child Support received in 2021: \$ \_\_\_\_\_

Total other untaxed income received in 2021: \$ \_\_\_\_\_ (See Category 2 below, list sources)

**Option 2: Please use my Projected year income for my 2022/2023 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, 2022 through Today	<b>ESTIMATED Totals:</b> Tomorrow through June 30, 2023	<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.)	\$	\$	\$
<b>***Unemployment</b> Benefits - Student	\$	\$	\$
<b>***Unemployment</b> 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