

**MY-Parent Number in College
PERIOD: 2009-2010**

Student Name: _____

WSU ID#: _____

Email: _____

Phone: _____

It appears that your parent(s) **MAY** qualify for consideration of their special circumstance based on tuition expenses relating to their college enrollment. If you have not updated your tax information to reflect a completed tax return on the FAFSA, you must do so before we can continue to process your request. If additional documentation is required we will contact you via e-mail. In the event that your appeal qualifies you for additional aid, you will see the changes reflected on your MyWSU account. If your appeal is not approved, we will send you an e-mail notice explaining why it was not approved. For further details about the special circumstance appeals, please see the financial aid webpage (finaid.wsu.edu) and click on *special circumstances*.

Complete this form and attach documentation of their expenses (tuition, books and course related supplies). If both parents are enrolled, submit a copy of this form for each parent detailing their expenses separately.

IMPORTANT: No changes will be made without proper documentation (i.e., copy of tuition statement, receipts, etc.). Also, both student and parent signatures are required.

DO NOT ADJUST THE DATES ON THIS FORM.

We will use this form to review your parents 2009-2010 academic year tuition expenses. Completion of the reverse side of this form is required.

I (Name of Parent) _____ SSN# _____
certify that for the period(s) listed below, I am/was enrolled in a program that leads to a degree or certificate. In addition, I certify that during those same periods I was enrolled on at least a half-time basis at:

Name of Institution: _____

Location (city/state): _____

Est. June-May 2009-2010

Amount paid for tuition/fees _____

Amount paid for books/supplies _____

Amount received from employer for tuition _____

Amount received from employer for books/supplies _____

(Check one) I did did not receive financial aid for this same period.

The Office of Financial Aid and Scholarships (OFAS) requires mandatory disclosure of Social Security Numbers. Section 481 of the Higher Education Act of 1965, as amended, gives us the authority to ask for and collect your Social Security Number.

< OVER >

Return signed completed forms or other documents to your nearest local campus or:
Office of Student Financial Aid, Lighty SVS 380, P.O. Box 641068, Pullman, WA 99164-1068
Phone: 509-335-9711 FAX: 509-335-1385 <http://www.finaid.wsu.edu> e-mail to: finaid@wsu.edu

PARENT (ESTIMATED INCOME) JUNE TO MAY 2009-2010

TAXABLE INCOME EXPECTED TO BE EARNED IN 2009-2010

- 1. Wages, salaries, tips - father or stepfather \$ _____
- 2. Wages, salaries, tips - mother or stepmother \$ _____
- 3. Interest/dividend income \$ _____
- 4. Net income from business, rents, royalties, partnerships, estates, trusts, etc. \$ _____
- 5. Other taxable income, such as alimony received, capital gains, pensions, annuities, etc. \$ _____
- 6. Unemployment or State/Industrial Compensation \$ _____

TOTAL TAXABLE INCOME (total lines 1-6) \$ _____

NONTAXABLE INCOME EXPECTED IN 2009-2010

- 7. Nontaxable pensions or retirement benefits \$ _____
 - 8. Child support (total received for all family members) \$ _____
 - 9. Other nontaxable income (list types below) \$ _____
- _____ \$ _____
- _____ \$ _____

TOTAL NONTAXABLE INCOME (total lines 7-12) \$ _____

ESTIMATED DEDUCTIONS EXPECTED IN 2009-2010

- 13. Child support paid in 2009-2010 \$ _____

NOTICE: THIS FORM WILL BE RETURNED TO THE STUDENT IF IT IS NOT SIGNED BY BOTH THE STUDENT AND THE PARENT. DO NOT ADJUST THE DATES ON THIS FORM.

I CERTIFY THAT THE ABOVE INFORMATION WAS PROVIDED BASED ON THE BEST INFORMATION AVAILABLE TO ME AT THE TIME OF COMPLETING THIS FORM. I FURTHER UNDERSTAND THAT THE OFFICE OF STUDENT FINANCIAL AID IS UNDER NO OBLIGATION TO APPROVE THIS REQUEST AND THE DECISION CANNOT BE APPEALED TO THE DEPARTMENT OF EDUCATION.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

OFFICE USE ONLY

Adjusted Gross Income _____
Wages _____
Wages _____

Tax Paid _____

Untaxed Income _____
Est. Deductions _____

EDE Changes: EFC Old _____ New _____
Prior ProYear: No _____ Yes _____ Year _____

BE Set _____
ADDNOTE _____

Resident: No ___ Yes ___ Date FAFSA Submitted: _____ Class Code: _____

Adjustment made to Trans # _____ Time: _____

Staff Member _____ Date _____