

**MZ-Private School Tuition Expenses  
PERIOD: 2009-2010**

Student Name: \_\_\_\_\_

WSU ID#: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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](http://finaid.wsu.edu)) and click on *special circumstances*.

It appears that your parent(s) **MAY** qualify for consideration of their special circumstance based on tuition and other mandatory expenses (such as book expenses or additional course-related fees) relating to private school. If the changes to your financial aid eligibility are approved, you will be notified in writing.

**Complete this form and attach documentation of the tuition and other expenses (ie., copy of tuition statement, cancelled checks, etc.).**

**IMPORTANT:** No changes will be made without proper documentation. Also, both student and parent signatures are required. **DO NOT ADJUST THE DATES ON THIS FORM.**

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*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.*

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**FOR ELEMENTARY and/or SECONDARY SCHOOL EXPENSES ONLY**

Est. JUNE-MAY 2009-2010

Private Tuition (Totals): \_\_\_\_\_

Number of Students for Whom Tuition is Paid: \_\_\_\_\_

for 2009-2010

Additional Fees or Expenses (i.e., registration):

<i>Amount</i>	<i>Description</i>
\$ _____	_____
\$ _____	_____
\$ _____	_____

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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](mailto: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,<br>royalties, partnerships, estates, trusts, etc.          | \$ _____        |
| 5. Other taxable income, such as alimony<br>received, capital gains, pensions, annuities, etc. | \$ _____        |
| 6. Unemployment or State/Industrial Compensation   | \$ _____        |
| <b>TOTAL TAXABLE INCOME (total lines 1-6)</b>  | <b>\$ _____</b> |

**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)            | \$ _____        |
| _____  | \$ _____        |
| _____  | \$ _____        |
| <b>TOTAL NONTAXABLE INCOME (total lines 7-12)</b>        | <b>\$ _____</b> |

**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.

\_\_\_\_\_  
WSU Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Adjusted Gross Income _____	Tax Paid _____
Wages _____	Untaxed Income _____
Wages _____	Est. Deductions _____
EDE Changes: EFC Old _____ New _____	BE Set _____
Prior ProYear: No _____ Yes _____ Year _____	ADDNOTE _____
Resident: No ___ Yes ___	Date FAFSA Submitted: _____ Class Code: _____
Adjustment made to Trans # _____	Time: _____
Staff Member _____	Date _____