89

Crafton Hills College • 07 - 08 Board of Governors Fee Waiver Application

California Community Colleges 2007-2008 Board Of Governors Fee Waiver Application

This is an application to have your **ENROLLMENT FEES WAIVED**. This **FEE WAIVER** is for California residents only. If you need money to help with books, supplies, food, rent, transportation and other costs, please complete a FREE APPLICATION FOR FEDERAL STUDENT AID **(FAFSA)** immediately. Contact the Financial Aid Office for more information. The FAFSA is available at www.fafsa.ed.gov or at the Financial Aid Office.

Note: Students who are exempt from paying nonresident tuition under **Education Code Section 68130.5 (AB 540)** are NOT California residents. If you are NOT a California resident, you are not eligible for this fee waiver. Do not complete this application. You may apply for financial aid by completing the FAFSA.

Name:	Last	First	Mia	ldle Initial		Student ID #					
Email (if	available):					Telephone Number:	()				
Home Ad	dress:		City	Zip C	Code	Date of Birth:					
Has the A	dmissions or Regis	strar's Office determi	ned that you a	are a Califo	rnia resident	?			Yes		No
The Califoregistered as an Ind domestic parents an Note: The	ornia Domestic Partner with the California S ependent married st partner. If you are a nd income and house ese provisions app	er Rights and Respons decretary of State unde udent to determine eli dependent student and whold information will b by to state student fin	ibilities Act exter Fr Section 297 (gibility for this d your parent i e required for t ancial aid ON	ends new rig of the Family Enrollment s in a Regis the parent's LY, and not	ghts, benefits, y Code. If you Fee Waiver a tered Domesti domestic part t to federal st		gations to individuals i omestic Partnership (F e income and househ pe treated the same a	RDP), y old info s a stu	ou will ormatio dent wi	be tre on for ith ma	eated your arried
your parei State's Oi	,	a Registered Domesti	ic Partner but h	nave NOT FI	ILED a Notice	of Termination of Domes	stic Partnership with th	_	<i>fornia S</i> Yes	_	<i>ary of</i> No
						use. You are required t in Questions 3, 6, 7, 8,		tic part	ner's in	ncome	and
Student M	larital Status:	☐ Single ☐ Mari	ried 🗖 Divo	orced \Box	Separated \Box	1 Widowed □ Re	gistered Domestic Par	tnersh	ip		
DEPEND	ENCY STATUS										
1.	Were you born befo	re January 1, 1984?							Yes		No
2.		married or in a Regist dissolve partnership.)		: Partnershi _l	p (RDP)? (Ans	wer "Yes" if you are sep	parated but not divorce	ed or h	ave not Yes		a No
3.		en who receive more the nore than half of their s				er dependents who live v 30, 2008?	with you (other than yo	our chil	dren ar Yes		ouse/ No
4.	Are (a) both your pa	rents deceased, or (b)	are you (or w	ere you unti	l age 18) a wa	rd/dependent of the cou	ırt ?		Yes		No
provide	answered "Yes" to a e income and house answered "No" to a	any of the questions a ehold information about Il questions 1 - 5, cor nis/her RDP filed or wil	1 - 5, you are out out yourself (a mplete the foll	considered and your sp lowing que:	I an INDEPEN bouse or RDP stions:	purposes other than tra DENT student for enro if applicable). Skip to re you, or will you be cl	ollment fee waiver pu o Question #8.	urn as a	s and i	must	
7.	,	e or both of your parent	t(s) and/or his/	her RDP?					Yes	_	No
PAREN If you a Paren If you a enrolln	answered "No" to q IT(S)/RDP. Please a answered "No" or " nent fee waiver. You	uestions 1 - 5 and "Y answer questions for Parent(s) will not file u may answer question	es" to either of a DEPENDEN one at the desired to destion one an IND	question 6 IT student i 6, and "No EPENDENT	in the section " to question I student on t	st provide income and s that follow. 7, <u>you are a depender</u> he rest of this applica annot get other stude	nt student for all stud tion, but please try t	ion ab <u>dent ai</u> o get y	out you d exce our PA	ur <u>pt thi</u> AREN	<u>is</u> T
	A ENROLLMENT										
8.	TANF/CalWORKs?	ental Security Income/S			,	elf or any dependents fro	om:		Yes Yes Yes		No No No
9. • If you	income?					ssistance from TANF/C WAIVER. Sign the Ce			Yes		No

required to show current proof of benefits. Complete a FAFSA to be eligible for other financial aid opportunities.

90	Crafton Hills College • 07 - 08 Boa	ard of Governors Fee	Waiver Applica	ation					
	D B ENROLLMENT FEE								
10.	DEPENDENT STUDENT: How many persons are in your parent(s)/RD your parent(s)/RDP and receives more than 50% of their support from y			nd anyon	e who	lives	with		
11.	INDEPENDENT STUDENT: How many persons are in your household? more than 50% of their support from you, now and through June 30, 200		RDP, and anyone who liv	es with y	ou and	d rec	eives		
12.	2006 Income Information	DEPENDENT STUDENT: PARENT(S)/ RDP INCOME	INDEPENDENT S STUDENT (& SPO INCOI	SPOUSE'S/ RDP)					
	 Adjusted Gross Income (If 2006 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4). 	\$	\$						
	 All other income (Include ALL money earned in 2006 that is not included in line (a) above (such as TANF benefits, disability, Social Security, child support). 	\$	\$						
		*	ψ						
	TOTAL Income for 2006 (Sum of a + b)	\$	\$						
using thi	ncial Aid Office will review your income and let you know if you quali is simple method, you should file a FAFSA. LL CLASSIFICATIONS ENROLLMENT FEE WAIVERS	ify for an ENROLLMENT FEE V	VAIVER under Method	B. If you	ı do no	ot qu	ialify		
13.	nt's fee waiver?		Yes		No				
	's fee waiver?		Yes		No				
 15. Are you eligible as a recipient of the Congressional Medal of Honor or as a child of a recipient? Submit documentation from the Department of Veterans Affairs. 16. Are you eligible as a dependent of a victim of the September 11, 2001, terrorist attack? Submit documentation from the CA Victim Compensation and Government Claims Board. 							No		
							No		
17. Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty?							No		
•	Submit documentation from the public agency employer of record. • If you answered "Yes" to any of the questions from 13-17, you are eligible for an ENROLLMENT FEE WAIVER and perhaps other								
ADDITION	<u>fee waivers or adjustments. Sign the Certification below. Contact</u> ANTS: READ THIS STATEMENT AND SIGN BELOW	t the Financial Aid Office if you	u have questions.						
I hereby sofficial, I registered denial, re	swear or affirm, under penalty of perjury, that all information on this form I agree to provide proof of this information, which may include a constant partner's 2006 U.S. Income Tax Return(s). I also realize the duction, withdrawal, and/or repayment of my waiver. I authorize release Chancellor's Office of the California Community Colleges.	opy of my and my spouse/reg hat any false statement or failure	istered domestic parti e to give proof when ask	ner and/o ked may l	or my be cau	pare se fo	ent's/ or the		
Applicant's	is Signature Date F	Parent Signature (Dependent Studen	nts Only)			Da	ate		
	California Informa	ation Privacy Act							
the follow information for aid au information information The offici	on on this form is to determine your eligibility for financial aid. The Chancellon thorize maintenance of this information. Failure to provide such information may be transmitted to other state agencies and the federal government in furnished on this form as it pertains to them. It is responsible for maintaining the information contained on this form are	ked to supply information about tor's Office policy and the policy of the policy of the will delay and may even prever if required by law. Individuals has the financial aid administrators	hemselves. The princip f the community college nt your receipt of financia ve the right of access to at the institutions to w	al purpos to which y al assistal records e	se for re you are nce. T establis are ap	eque e app his fo shed	esting olying orm's from		
an SSN a colleges, sexual or	aid. The SSN may be used to verify your identity under record keeping system you have questions, you should ask the financial aid officer at your colle in compliance with federal and state laws, do not discriminate on the basic ientation, domestic partnership or any other legally protected basis. Inquiri you are applying.	ege for further information. The C s of race, religion, color, national	Chancellor's Office and forigin, gender, age, dis	the Califo ability, m	rnia c edical	omm cond	unity ition,		

FOR OFFICE USE ONLY

RDP

■ Student

☐Student is not

eligible

☐ TANF/CalWORKs ⁻ □ National Guard Dependent □ 9/11 Dependent GA SSI/ ■ Parent **□**BOGFW-C Medal of Honor SSI/SSP Dep. of deceased law enforcement/fire personnel Comments:

☐Special Classification

■ Veteran

■ BOGFW-A

□BOGFW-B