California Community Colleges 2008-2009 Board Of Governors Fee Waiver Application

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supplies,	food, rent, transportation an	nd other costs, please co	omplete a FREE APPLICAT	? is for California residents only. If you FION FOR FEDERAL STUDENT AID (F) or at the Financial Aid Office.			
a Californ	udents who are exempt from a resident, you are not eligi he BOG, you <u>will</u> have a s	ble for this fee waiver.	Do not complete this applic	Section 68130.5 (AB 540) are NOT Cal ation. You may apply for financial aid b	ifornia resident y completing th	s. If yo ne FAFS	u are NOT SA. If you
Name:				Student ID #			
_	Last	First	Middle Initial				
Email (if	available):			_ Telephone Number: () _			
Home Ad	dress:			– Date of Birth://	<u> </u>		
Hac the A	Street dmissions or Registrar's (City	Zip Code	ont?		Yes	
nas uie P			you are a Camornia resiu			162	
The Califor registered as an Ind domestic parents an Note: Th	rnia Domestic Partner Right with the California Secretar appendent married student to partner. If you are a depend id income and household in ase provisions apply to sta	s and Responsibilities Ac y of State under Section o determine eligibility fo lent student and your pa formation will be required ate student financial ai	ct extends new rights, benef 297 of the Family Code. If r this Enrollment Fee Waiv rent is in a Registered Dom d for the parent's domestic d ONLY, and not to federa	l student financial aid.	ership (RDP), <u>y</u> d household ini e same as a stu	you will formatio udent w	be treated on for your ith married
your parel State's Of	nt are separated from a Regi fice.)	stered Domestic Partner	but have NOT FILED a Not	r of State under Section 297 of the Famil tice of Termination of Domestic Partnersh	ip with the Cali	<i>fornia S</i> Yes	<i>ecretary of</i> D No
				spouse. You are required to include you tion in Questions 3, 6, 7, 8, 9, 10, 11, 12		tner's ir	ncome and
Student N	arital Status: 🔲 Sin	gle 🛛 Married 🖵	Divorced 🛛 Separated	d 🗖 Widowed 🗖 Registered Dom	estic Partnersh	nip	
DEPEND	ENCY STATUS						
1.	Were you born before Janu						🗖 No
2.	As of today, are you married termination notice to dissolv		nestic Partnership (RDP)? (Answer "Yes" if you are separated but no			t filed a INO
3.	Do you have children who r RDP) who receive more that			other dependents who live with you (othe une 30, 2009?			nd spouse/
4.	Are (a) both your parents d	eceased, or (b) are you	(or were you until age 18) a	ward/dependent of the court ?		Yes	🛛 No
 If you a provide If you a 	nswered "Yes" to any of t income and household in inswered "No" to all quest	he questions 1 - 5, you nformation about yours tions 1 - 5, complete th	are considered an INDEF self (and your spouse or F ne following questions:	for purposes other than training? PENDENT student for enrollment fee v RDP if applicable). Skip to Question #	vaiver purpose 8.		must
6.	either or both of your parent		07 U.S. Income Tax Return	, were you, or will you be claimed on the	Vill Not File 🖵		
PAREN	T(S)/RDP. Please answer	ns 1 - 5 and "Yes" to ei questions for a DEPEN	ther question 6 or 7, you NDENT student in the sec	must provide income and household tions that follow. ion 7, <u>you are a dependent student fo</u>	information at	oout yo	
enrolln	ent fee waiver. You may a	answer questions as ar	n INDEPENDENT student	on the rest of this application, but ple ou cannot get other student aid withou	ase try to get	your P/	ARENT
	A ENROLLMENT FEE	-				(-)	
8.	Are you (the student ONLY)		nthly cash assistance for yo	urself or any dependents from:			
	TANF/CalWORKs?						No No
	SSI/SSP (Supplemental Se General Assistance?	curity Income/State Sup	plemental Program)?				I No I No
9.	If you are a dependent stue income?	dent, are your parent(s)/	RDP receiving monthly cas	sh assistance from TANF/CalWORKs or			source of D No
		an 0 ar 0 you are aligib		FF WAIVER. Sign the Certification at	t the and of th	ic form	Vou oro

If you answered "Yes" to question 8 or 9 you are eligible for an ENROLLMENT FEE WAIVER. Sign the Certification at the end of this form. You a
required to show current proof of benefits. Complete a FAFSA to be eligible for other financial aid opportunities.

METHOD B ENROLLMENT							
	 DEPENDENT STUDENT: How many persons are in your parent(s)/RDP household? (Include yourself, your parent(s)/RDP, and anyone who lives with your parent(s)/RDP and receives more than 50% of their support from your parents/RDP, now and through June 30, 2009.) 						
	11. INDEPENDENT STUDENT: How many persons are in your household? (Include yourself, your spouse/RDP, and anyone who lives with you a more than 50% of their support from you, now and through June 30, 2009.)						
a. Adjusted Gross	 2006 Income Information a. Adjusted Gross Income (If 2007 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4). b. All other income (Include ALL money earned in 2007 that is not included in line (a) above (such as TANF benefits, disability, Social Security, child support). 		INDEPENDENT STUDENT: STUDENT (& SPOUSE'S/ RDP) INCOME				
			\$ \$				
included in line			\$				
TOTAL Income for	2007 (Sum of a + b)	\$	\$				

<u>SPECIA</u>	L CLASSIFICATIONS ENROLLMENT FEE WAIVERS			
13.	Do you have certification from the CA Department of Veterans Affairs that you are eligible for a dependent's fee waiver?			
	Submit certification.		Yes	No
14.	Do you have certification from the National Guard Adjutant General that you are eligible for a dependent's fee waiver?			
	Submit certification.		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.		Yes	No
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.		Yes	No
17.	Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty?			
	Submit documentation from the public agency employer of record.		Yes	No
•	If you answered "Yes" to any of the questions from 13-17, you are eligible for an ENROLLMENT FEE WAIVER and perhap	s oth	er	
	fee waivers or adjustments. Sign the Certification below. Contact the Financial Aid Office if you have questions.			

APPLICANTS: READ THIS STATEMENT AND SIGN BELOW

I hereby swear or affirm, under penalty of perjury, that all information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of this information, which may include a copy of my and my spouse/registered domestic partner and/or my parent's/ registered domestic partner's 2007 U.S. Income Tax Return(s). I also realize that any false statement or failure to give proof when asked may be cause for the denial, reduction, withdrawal, and/or repayment of my waiver. I authorize release of information regarding this application between the college, the college district, and the Chancellor's Office of the California Community Colleges.

Applicant's Signature

Parent Signature (Dependent Students Only)

Date

California Information Privacy Act

Date

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them.

The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN may be used to verify your identity under record keeping systems established prior to January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at your college for further information. The Chancellor's Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.

	FOR OFFICE USE ONLY							
— Т П (BOGFW-A FANF/CaIWORKs GA SSI/SSP	BOGFW-B BOGFW-C	 Special Classification Veteran Medal of Honor Dep. of deceased law end 	National Guard Dependent 9/11 Dependent nforcement/fire personnel	RDP Student Parent	Student is not eligible		
Comments: Certified by:					·			
	Date:							