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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		Middle In	itial		5	Student ID	#						
Email (if	available):							⊺	Telephone I	Number:	(_)				
Home Ad	ddress:			City		Zip	Code	[Date of Birt	h:						
	Admissions or Re													Yes		No
The Califoregistered as an Incomestic parents a Note: The	IENTATION OF Tornia Domestic Par d with the California dependent married partner. If you are not income and housese provisions appropriate to a few paragraph in a fe	tner Rights a a Secretary o student to d a dependen usehold inform opply to state	nd Res f State letermir t studer mation	ponsibilities under Sectione eligibility nt and your p will be requinnt financial	Act extends on 297 of th for this Enro parent is in red for the p aid ONLY,	s new ri le Fami rollmen a Regi: parent's and no	ghts, bene ly Code. I t Fee Wai stered Dor domestic t to feder	efits, res If you a liver and mestic F partne ral stud	sponsibilities ire in a Regi d will need i Partnership, r. lent financia	s and obliga stered Don to provide you will be al aid.	ations to nestic P income e treated	artnersh and hou I the san	ip (RDP), usehold in ne as a stu	you will formation udent w	be tro	eated r your arried
our pare State's O	*	om a Registe	ered Doi	mestic Partn	er but have	NOTF	ILED a No	otice of	Termination	of Domesti	ic Partne	ership wi	th the Cali	<i>fornia S</i> Yes	ecret	<i>tary of</i> No
	swered "Yes" to the d information or yo												mestic par	tner's ir	ncom	e and
Student N	Marital Status:	☐ Single	. 🗖	Married [Divorce	ed 🗖	Separate	ed 🗖	Widowed	☐ Regis	stered D	Oomestic	Partnersh	iip		
DEPENI	DENCY STATUS															
1.	Were you born be	,														
2.	As of today, are y termination notice			-	omestic Pa	rtnersh	ip (RDP)?	(Answe	er "Yes" if yo	u are sepa	ırated bı	ut not div	orced or h	ave not Yes	t filed	
3.	Do you have child RDP) who receive									who live wi	th you (other tha	n your chi	ldren ar Yes	nd sp	
4.	Are (a) both your	parents dece	eased,	or (b) are yo	u (or were	you unt	il age 18)	a ward/	dependent/	of the cour	t?			Yes		No
provid	Are you a veterar answered "Yes" to e income and hou answered "No" to If your parent(s) of either or both of y	o any of the usehold info o all question or his/her RD	questi rmation ns 1 - 5 P filed	ons 1 - 5, yon n about you 5, complete	ou are con irself (and the followi	sidere your s ng que	d an INDE pouse or estions:	PENDE RDP if	ENT studen applicable)	t for enrol . Skip to	Iment for Questic imed on	n #8. their tax		an exe	must	
7.	Do you live with o	one or both of	f your p	arent(s) and	or his/her	RDP?								Yes		No
PAREN If you enrollr	answered "No" to NT(S)/RDP. Pleas answered "No" of ment fee waiver. N ation and file a FA	e answer qu r "Parent(s) You may ans	iestion will no swer qu	s for a DEP It file" to quuestions as	ENDENT s estion 6, a an INDEPE	tudent nd "No ENDEN	in the sec o" to ques T student	ctions t stion 7, on the	that follow. you are a c rest of this	lependent s applicati	studen on, but	t for all please	student a	id exce	pt th	ΙT
ИЕТНОІ	D A ENROLLMEI															
8.	Are you (the stud TANF/CalWORKS SSI/SSP (Supple General Assistan	s? mental Secui ce?	rity Inco	ome/State Su	upplementa	l Progr	am)?							Yes Yes Yes		No No No
-	If you are a depe income? answered "Yes" t ed to show curren	to question	8 or 9	you are elig	ible for an	ENRO	LLMENT	FEE W	'AIVER. Siç	ın the Cer	tificatio			Yes		No

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METHOD B ENROLLMENT FEE		// \\DDD	
 DEPENDENT STUDENT: How many persons are in your parent(s)/R your parent(s)/RDP and receives more than 50% of their support from 			who lives wit
 INDEPENDENT STUDENT: How many persons are in your household more than 50% of their support from you, now and through June 30, 20 		RDP, and anyone who lives with yo	ou and receive
12. 2006 Income Information	DEPENDENT STUDENT: PARENT(S)/ RDP	INDEPENDENT STUDENT: STUDENT (& SPOUSE'S/ F INCOME	
 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). 	INCOME	*	
b. 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).	\$	\$	
TOTAL Income for 2006 (Sum of a + b)	\$	\$	
The Financial Aid Office will review your income and let you know if you qua	lify for an ENROLLMENT FFF W	VAIVER under Method B. If you	do not qualif
using this simple method, you should file a FAFSA.	,		q
SPECIAL CLASSIFICATIONS ENROLLMENT FEE WAIVERS			
 Do you have certification from the CA Department of Veterans Affairs th Submit certification. 		Yes 🗖 N	
 Do you have certification from the National Guard Adjutant General tha Submit certification. 	It you are eligible for a dependent	_	Yes 🗖 N
15. Are you eligible as a recipient of the Congressional Medal of Honor or a Submit documentation from the Department of Veterans Affairs.	as a child of a recipient?		Yes □ N
16. Are you eligible as a dependent of a victim of the September 11, 2001, Submit documentation from the CA Victim Compensation and Governm			Yes □ N
17. Are you eligible as a dependent of a deceased law enforcement/fire su Submit documentation from the public agency employer of record.		line of duty?	Yes □ N
 If you answered "Yes" to any of the questions from 13-17, you are 			
fee waivers or adjustments. Sign the Certification below. Contact APPLICANTS: READ THIS STATEMENT AND SIGN BELOW	ct the Financial Aid Office if you	ı have questions.	
I hereby swear or affirm, under penalty of perjury, that all information on this forr official, I agree to provide proof of this information, which may include a cregistered domestic partner's 2006 U.S. Income Tax Return(s). I also realize denial, reduction, withdrawal, and/or repayment of my waiver. I authorize release and the Chancellor's Office of the California Community Colleges.	copy of my and my spouse/regithat any false statement or failure	istered domestic partner and/or e to give proof when asked may be	r my parent's e cause for th
Applicant's Signature Date	Parent Signature (Dependent Studer	nts Only)	Date
California Inform	nation Privacy Act		
State and federal laws protect an individual's right to privacy regarding information the following information be provided to financial aid applicants who are a information on this form is to determine your eligibility for financial aid. The Chancel for aid authorize maintenance of this information. Failure to provide such informati information may be transmitted to other state agencies and the federal government information furnished on this form as it pertains to them. The officials responsible for maintaining the information contained on this form a financial aid. The SSN may be used to verify your identity under record keeping sy an SSN and you have questions, you should ask the financial aid officer at your colleges, in compliance with federal and state laws, do not discriminate on the bas sexual orientation, domestic partnership or any other legally protected basis. Inquit to which you are applying.	on pertaining to oneself. The Calif sked to supply information about the lor's Office policy and the policy of ion will delay and may even prever the required by law. Individuals have the financial aid administrators ystems established prior to Januar llege for further information. The Cosis of race, religion, color, national	hemselves. The principal purpose is the community college to which your tyour receipt of financial assistant we the right of access to records estated at the institutions to which you as y 1, 1975. If your college requires chancellor's Office and the Califor origin, gender, age, disability, me	e for requesting ou are applying ce. This form stablished from are applying for a you to provide nia communit dical condition
FOR OFFICE	E HOE ONLY		

☐Student is not

eligible

RDP

■ Student

■ Parent

□ National Guard Dependent □ 9/11 Dependent

SSI/SSP Comments:

☐ TANF/CalWORKs ⁻

□BOGFW-B

□BOGFW-C

☐ Special Classification

☐ Dep. of deceased law enforcement/fire personnel

☐ Medal of Honor

Veteran

☐ BOGFW-A

GA SSI/