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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 Initial	Student ID #				
Email (if	available):		Telephone Number: ()				
Home Ad	dress:	Zip Code	Date of Birth://				
Has the A	dmissions or Registrar's Office determined that yo	u are a California resi	dent?		Yes		No
The Califoregistered as an Ind domestic parents an Note: The Are you or	ENTATION OF THE CALIFORNIA DOMESTIC PA rnia Domestic Partner Rights and Responsibilities Act e with the California Secretary of State under Section 29 ependent married student to determine eligibility for the partner. If you are a dependent student and your parer and income and household information will be required for esse provisions apply to state student financial aid Control of the partnership with	xtends new rights, bene 7 of the Family Code. I dis Enrollment Fee Wai t is in a Registered Doi or the parent's domestic DNLY, and not to feder the California Secretar	efits, responsibilities and obligations to individual f you are in a Registered Domestic Partnership wer and will need to provide income and house mestic Partnership, you will be treated the same partner. al student financial aid. y of State under Section 297 of the Family Code	(RDP), y ehold info as a stu e? <i>(Ans</i>)	ou will ormatio dent wi wer "Ye.	be tre in for th mai	ated your rried
your parei State's Oi	nt are separated from a Registered Domestic Partner bu fice.)	t have NOT FILED a No	ntice of Termination of Domestic Partnership with	_	<i>fornia S</i> Yes	_	a <i>ry of</i> No
f you ans	wered "Yes" to the question above treat the Registered information or your parent's domestic partner's income			estic part	ner's ir	icome	and
Student M	arital Status: $lacksquare$ Single $lacksquare$ Married $lacksquare$ D	ivorced 🗖 Separate	d 🖵 Widowed 🖵 Registered Domestic P	artnersh	ip		
DEPEND	ENCY STATUS						
1.	Were you born before January 1, 1984?				Yes		No
2.	As of today, are you married or in a Registered Domes termination notice to dissolve partnership.)	tic Partnership (RDP)?	(Answer "Yes" if you are separated but not divor	rced or h	ave not Yes		a No
3.	Do you have children who receive more than half of the RDP) who receive more than half of their support from			your chil	dren ar Yes		use/ No
4.	Are (a) both your parents deceased, or (b) are you (or	were you until age 18)	a ward/dependent of the court?		Yes		No
provide	Are you a veteran of the U.S. Armed Forces or current inswered "Yes" to any of the questions 1 - 5, you are income and household information about yourself answered "No" to all questions 1 - 5, complete the filf your parent(s) or his/her RDP filed or will file a 2006 either or both of your parents?	e considered an INDE (and your spouse or ollowing questions:	PENDENT student for enrollment fee waiver RDP if applicable). Skip to Question #8.	eturn as	s and	must	No n by No
7.	Do you live with one or both of your parent(s) and/or h	s/her RDP?			Yes		No
PAREN If you a Paren If you a enrolln	answered "No" to questions 1 - 5 and "Yes" to either T(S)/RDP. Please answer questions for a DEPENDI answered "No" or "Parent(s) will not file" to question the tee waiver. You may answer questions as an IN atton and file a FAFSA so you may be considered for	er question 6 or 7, you ENT student in the sec n 6, and "No" to ques IDEPENDENT student	ctions that follow. tion 7, <u>you are a dependent student for all st</u> on the rest of this application, but please try	<u>udent ai</u> ⁄ to get y	<u>d exce</u> our PA	pt this	T
	A ENROLLMENT FEE WAIVER	v analy analytic C	and the second s				
8.	Are you (the student ONLY) currently receiving monthly TANF/CalWORKs? SSI/SSP (Supplemental Security Income/State Supple General Assistance?	,	ourseir or any dependents from:		Yes Yes Yes		No No No
9. • If you	If you are a dependent student, are your parent(s)/RE income? answered "Yes" to question 8 or 9 you are eligible				Yes		No

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

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	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 STUDENT: STUDENT (& SPOUSE'S/ RDP) 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). 	\$	\$				
	 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. Do you have certification from the CA Department of Veterans Affairs that you are eligible for a dependent's fee waiver? Submit certification.							No
	14. Do you have certification from the National Guard Adjutant General that you are eligible for a dependent's fee waiver? Submit certification.						
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.							No
16.	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.						
17.	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.						No No
•	If you answered "Yes" to any of the questions from 13-17, you are	eligible for an ENROLLMENT	FEE WAIVER and perh	naps othe	Yes er		INU
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