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

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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

		<u>ll</u> have a small bala				лі. Той шаў арріў юг шапсіа	ald by completing	uiei	I AI SA	i. II you
Name:			Student ID #							
	Last	First		Middle Initial						
Email (if	available):					Telephone Number: ()			
Home A	ddress: ———————————————————————————————————		City	Zip	Code	Date of Birth:/_	/	_		
Has the	Admissions or Re	gistrar's Office de	termined that	you are a Calif	ornia resident	?		〕 Y∈	es 🗖	No
IMPI FN	MENTATION OF T	THE CALLEORNIA	DOMESTIC	PARTNER RIG	CHTS AND R	ESPONSIBILITIES ACT				
The Calif registere as an Indomestic parents a	fornia Domestic Pard d with the Californi dependent married partner. If you are and income and ho	rtner Rights and Res a Secretary of State student to determi e a dependent stude usehold information	sponsibilities Action under Section ne eligibility for ent and your pa will be required	ct extends new r 297 of the Fam r this Enrollmer rent is in a Regi d for the parent	ights, benefits, ily Code. If yo it Fee Waiver istered Domest s domestic par	responsibilities and obligations u are in a Registered Domestic and will need to provide incon tic Partnership, you will be trea	Partnership (RDP ne and household), you inforr	u will be mation	e treated for your
your pare State's C	ent are separated fi Office.)	rom a Registered Do	omestic Partner	but have NOT F	F ILED a Notice	State under Section 297 of the of Termination of Domestic Par	tnership with the Ca	alifori 1 Ye	<i>nia Sed</i> 'es 📮	<i>cretary of</i> □ No
,		•	•			ouse. You are required to includent in Questions 3, 6, 7, 8, 9, 10,	,	artne	er's inco	ome and
Student I	Marital Status:	☐ Single ☐	Married \Box	Divorced \Box	Separated [■ Widowed ■ Registered	I Domestic Partner	ship		
DEPEN	DENCY STATUS									
1.	•	efore January 1, 19							es 🗖	
2.		you married or in a le to dissolve partne	-	nestic Partnersh	nip (RDP)? (An:	swer "Yes" if you are separated			e not fi es 🔲	
3.	,	dren who receive m e more than half of			,	er dependents who live with you e 30, 2009?		childre Ye		l spouse/ No
4.	Are (a) both your	parents deceased,	or (b) are you	(or were you un	til age 18) a wa	ard/dependent of the court?		1 Ye	es 🗖	N o
provid	answered "Yes" de income and ho answered "No" to	to any of the quest usehold information o all questions 1 - or his/her RDP filed	ions 1 - 5, you on about yours 5, complete th	are considere self (and your s e following qu	d an INDEPEN spouse or RDF estions:	r purposes other than training? NDENT student for enrollmen of if applicable). Skip to Ques ere you, or will you be claimed	t fee waiver purpo tion #8.	ses a	ı exemp	ption by
7.		one or both of your	naront(s) and/o	r his/har DDD2			_	l Ye		No
• If you PARE	answered "No" to NT(S)/RDP. Pleas	o questions 1 - 5 a se answer question	nd "Yes" to eins for a DEPEN	ther question 6 NDENT student	in the section		ehold information	abou	ut your	r
enroll	ment fee waiver.	You may answer q	uestions as ar	n INDEPENDEN	IT student on	17, <u>you are a dependent stud</u> the rest of this application, b cannot get other student aid	ut please try to ge	et you	ur PAR	RENT
		NT FEE WAIVER								
8.	Are you (the stud TANF/CalWORK		y receiving mon	ithly cash assist	ance for yours	elf or any dependents from:) Ye	es 🗆	N o
		emental Security Inc	ome/State Sup	plemental Progr	am)?			Ye Ye	es 🗖	l No
9.	If you are a depoincome?	endent student, are	your parent(s)/	RDP receiving	monthly cash a	assistance from TANF/CalWOR			mary s	
• If you		to question 8 or 9	you are eligib	le for an ENRO	DLLMENT FEE	WAIVER. Sign the Certifica				

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

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		w many persons are in your parent(s)/ ves more than 50% of their support fror			nd anyone who	lives with		
11.	INDEPENDENT STUDENT: H	How many persons are in your househort from you, now and through June 30,	ld? (Include yourself, your spo	•	es with you and	l receives		
12.	2006 Income Information		DEPENDENT STUDENT PARENT(S)/ RDP INCOME	STUDENT (& SPO	INDEPENDENT STUDENT: STUDENT (& SPOUSE'S/ RDP) INCOME			
	filed, enter the amount fro	f 2007 U.S. Income Tax Return was om Form 1040, line 37; 1040A, line 21;		114001	vi L			
	1040EZ, line 4).		\$ \$	\$ \$				
	included in line (a) above	ALL money earned in 2007 that is not e (such as TANF benefits, disability,	t					
	Social Security, child sup	oport).	\$	\$				
	TOTAL Income for 2007 (Su	um of a + b)	\$ ———					
	ncial Aid Office will review yous simple method, you should	ur income and let you know if you qu	ualify for an ENROLLMENT F	EE WAIVER under Method	B. If you do no	ot qualify		
	L CLASSIFICATIONS ENRO							
		the CA Department of Veterans Affairs	that you are eligible for a depe	endent's fee waiver?	☐ Yes	☐ No		
14.		the National Guard Adjutant General th	nat you are eligible for a deper	ndent's fee waiver?				
15	Submit certification. Are you eligible as a recipient	of the Congressional Medal of Honor o	or as a child of a recipiont?		☐ Yes	☐ No		
10.		e Department of Veterans Affairs.	ir as a criliu or a recipient?		☐ Yes	☐ No		
16.		nt of a victim of the September 11, 200						
17.		e CA Victim Compensation and Govern nt of a deceased law enforcement/fire s		the line of duty?	☐ Yes	☐ No		
		e public agency employer of record.			☐ Yes	☐ No		
•	-	y of the questions from 13-17, you a	_	-	aps other			
APPLIC	<u>fee waivers or adjustments.</u> ANTS: READ THIS STATEMEN	Sign the Certification below. Cont	act the Financial Aid Office i	f you have questions.				
I hereby	swear or affirm, under penalty of	of perjury, that all information on this fo						
		is information, which may include a S. Income Tax Return(s). I also realiz						
denial, re	eduction, withdrawal, and/or repa	ayment of my waiver. I authorize releas						
and the (Chancellor's Office of the Califor	nia Community Colleges.						
Applicant [*]	's Signature	Date	Parent Signature (Dependent S	Students Only)		Date		
		California Infor	mation Privacy Act					
State and	d federal laws protect an individu	ual's right to privacy regarding informat	•	California Information Practi	ices Act of 1977	requires		
the follow	ving information be provided to fin	nancial aid applicants who are asked to s	supply information about themse	elves. The principal purpose f	or requesting in	formation		
		y for financial aid. The Chancellor's Offon. Failure to provide such information						
		tate agencies and the federal governme						
	on furnished on this form as it p			Č				
The offic	ials responsible for maintaining	the information contained on this form	are the financial aid administr	ators at the institutions to w	hich you are ap	plying for		
		erify your identity under record keeping						
		uld ask the financial aid officer at your c state laws, do not discriminate on the ba						
sexual or	ientation, domestic partnership c	or any other legally protected basis. Inqu						
to which	you are applying.	FOR OFFI	CE USE ONLY					
		1			İ			
	GFW-A □BOGFW-B	☐Special Classification		RDP	☐Student is	not		
1	GFW-A □BOGFW-B F/CalWORKs □BOGFW-C	□ Special Classification □ Veteran □ N	National Guard Dependent 9/11 Dependent	RDP Student Parent	☐Student is eligible	not		

□ Medal of Honor□ 9/11 Dependent□ Dep. of deceased law enforcement/fire personnel Comments: Certified by: Date: