

BOARD OF GOVERNORS FEE WAIVER APPLICATION

2002-2003

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**) right away. Contact the Financial Aid Office for more information. It's OK to file both this form (for quick action) and the **FAFSA** (to be considered for more money).

GENERAL INFORMATION			
Name:	_____	Social Security No.:	____ / ____ / ____
	Last First M.I.		
Email (if available):	_____	Phone No.:	() _____
Address:	_____		
	Street	City	State Zip
Date of Birth:	____ / ____ / ____	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
<p>Has the Admissions or the Registrar's Office determined that you are a California resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: Students who are exempted from paying nonresident tuition under Education Code Section 68130.5 are not California residents.</p> <p>If you are not a California resident you are not eligible for this fee waiver. Do not complete this application. You can still file the FAFSA to be evaluated for other aid. Please get a FAFSA and complete it.</p>			
DEPENDENCY STATUS			
1. Were you born before January 1, 1979?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. As of today, are you married? (Answer "Yes" if you are separated but not divorced.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you have children who receive more than half of their support from you or other dependents who live with you and who receive more than half of their support from you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you an orphan or a ward of the court, or were you a ward of the court until your 18 th birthday?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you a veteran of the U.S. Armed Forces?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • If you answered "Yes" to any of the questions 1 - 5, you are considered an INDEPENDENT student and must provide income and household information about yourself (and your spouse if you are married). Skip to METHOD A below. • If you answered "No" to all questions 1 - 5, complete the following questions: 			
6. If your parent(s) filed or will file a 2001 U.S. Income Tax Return, were you, or will you be claimed on their tax return as an exemption by either or both of your parents?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Parent(s) won't file	
7. Do you live with one or both of your parent(s)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • If you answered "No" to questions 1 - 5 and "Yes" to either question 6 or 7, you must provide income and household information about your PARENT(S). Please answer questions for a DEPENDENT student in the sections that follow. • If you answered "No" or "Parent(s) won't file" to question 6, and "No" to question 7, you are a dependent student for all student aid except this fee waiver. You may answer questions as an INDEPENDENT student on the rest of this application, but please try to get your PARENT information and file a FAFSA so you may be considered for other student aid. You cannot get other student aid without your parent(s) information. Talk to the Financial Aid staff if you think you have special circumstances. 			
METHOD A			
8. Are you currently receiving monthly cash assistance from: (To be answered by all students, dependent and independent.)	TANF/CalWORKs? <input type="checkbox"/> Yes <input type="checkbox"/> No SSI/SSP? <input type="checkbox"/> Yes <input type="checkbox"/> No General Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. If you are a dependent student, are your parent(s) receiving TANF/CalWORKs or SSI/SSP as their sole source of income?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Do you have certification from the California Department of Veterans Affairs or the National Guard Adjutant General that you are eligible for a dependent's fee waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<ul style="list-style-type: none"> • If you answered "Yes" to question 8, 9 OR 10, you are eligible for a FEE WAIVER. Sign the Certification at the end of this form. You are required to show proof of benefits. Ask the Financial Aid Office for instructions. • If you answered "No" to all questions (8, 9 and 10), continue to Method B. 			

METHOD B

11. **DEPENDENT STUDENT:** How many persons are in your parent(s)' household? (include yourself, your parent(s), and anyone who lives with your parent(s) and receives more than 50% of their support from your parents.) _____

12. **INDEPENDENT STUDENT:** How many persons are in your household? (Include yourself, your spouse, and anyone who lives with you and receives more than 50% of their support from you.) _____

	DEPENDENT STUDENT: PARENT(S) INCOME	INDEPENDENT STUDENT: STUDENT (AND SPOUSE'S) INCOME
13. 2001 Income Information:		
a. Adjusted Gross Income (If 2001 U.S. Income Tax Return was filed, enter the amount from Form 1040, Line 33; Form 1040A, Line 19; Form 1040EZ, Line 4 or Telefile, Line 1.)	\$ _____	\$ _____
b. All Other Income (Include ALL money received in 2001 that is not included in line (a) above.)	\$ _____	\$ _____
14. Total Income for 2001 (Sum of a. + b.)	\$ _____	\$ _____

The Financial Aid Office will review your income and let you know if you qualify for an automatic FEE WAIVER. Even if you do not qualify using this simple method, you should file a FAFSA. Many, many students do not qualify under Method A or B but still qualify for a FEE WAIVER and MORE FINANCIAL AID by filing the FAFSA. The Financial Aid Office will give you forms and information.

CERTIFICATION FOR ALL 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 give proof, which may include a copy of my and/or my parent's 2001 U.S. Income Tax Return.** 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	Date	Parent's Signature (Dependent Students Only)	Date
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This application will only waive your fees. Please file an application for additional student aid. To see if you qualify for more aid, complete a FAFSA. The FAFSA is available at the Financial Aid Office or at www.fafsa.ed.gov.

FOR OFFICE USE ONLY

Check one of the following:	Notes
<input type="checkbox"/> BOGFW-A	
<input type="checkbox"/> TANF/CalWORKs	
<input type="checkbox"/> GA	
<input type="checkbox"/> SSI/SSP	
<input type="checkbox"/> VET/NG DEP	
<input type="checkbox"/> BOGFW-B	
<input type="checkbox"/> BOGFW-C	
<input type="checkbox"/> Student is not eligible	_____

CERTIFIED BY: _____

DATE: _____