

# BOG

{Board of Governors}



## valley college

San Bernardino Valley College

Don't count yourself out!  
You may qualify to have your enrollment fees waived.

2005/2006

# Fee Waiver Application

**DOES NOT COVER BOOKS**

To waive your enrollment fees, complete this form and take it to the Financial Aid Office.

A current admissions application must be on file with San Bernardino Valley College.

Financial Aid Office  
701 South Mount Vernon Ave.  
San Bernardino, CA 92410  
School code: 001272

# MORE INFORMATION

If you are a California resident, there are three ways to qualify for a BOG Fee Waiver:



If you or your family are currently receiving TANF/CalWORKS, SSI/SSP, or General Assistance/General Relief, or have certification from the Department of Veterans Affairs, you are eligible for a BOG Fee Waiver. We require proof for BOG A – see below.



If you meet the following income standards, you qualify for a BOG B. For BOG B, we may require you to verify the information provided in Section B of the attached application. Be sure to include yourself in counting the number of members in your household.

Total family income	\$13,965 or less	1 member in household
last year (adjusted	\$18,735 or less	2 members in household
gross income or	\$23,505 or less	3 members in household
untaxed income)	\$28,275 or less	4 members in household
	\$33,045 or less	5 members in household
	\$37,815 or less	6 members in household
	\$42,585 or less	7 members in household
	\$47,355 or less	8 members in household
	Add \$4,770 for each additional dependent	

These standards are based upon the federal poverty guidelines as published each year by the U.S. Department of Health and Human Services. Under Title 5 of the California Code of Regulations, the income standards for the BOG program equal 150% of the federal poverty guidelines for the base year.



If you are a California resident who has completed a 2005-2006 Free Application for Federal Student Aid (FAFSA), and your application shows that you have “financial need,” you will qualify for a BOG C.

So, grab a pen, fill out this BOG Fee Waiver application, and take it to the Financial Aid Office. Be sure to bring the required documents. Don't forget to sign the form and, if you're a dependent student, don't forget to have your parent(s) sign it, too.

## DEADLINES & VERIFICATION

You can submit a BOG Fee Waiver application to the Financial Aid Office at any time during the academic year. However, applications for other types of financial aid have different deadlines, so please plan ahead.

Acceptable documentation for BOG A fee waivers varies depending on the type of benefit you or your family are receiving. Acceptable documentation includes a Federal Agency Certification Form.

For TANF/CalWORKS or General Assistance, acceptable documentation also includes a notice of action or the current or last month's check. For SSI/SSP, acceptable documentation also includes an award letter or bank statement showing a deposit from the current or last month.

Printing courtesy of:



# California Community Colleges 2005/2006 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) right away. Contact the Financial Aid Office for more information. **The FAFSA is available at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) or at the Financial Aid Office.**

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
Last First Middle initial

Email (if available): \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City Zip code

Has the Admissions or the Registrar's Office determined that you are a California resident?  Yes  No

Note: Students who are exempted 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.

## IMPLEMENTATION OF THE CALIFORNIA DOMESTIC PARTNER RIGHTS AND RESPONSIBILITIES ACT

Recent legislation (Assembly Bill 205) extends new rights, benefits, responsibilities and obligations to individuals in domestic partnerships registered with the California Secretary of State under Section 297 of the Family Code. If you are in a Registered Domestic Partnership (RDP), you will be treated as an Independent married student to determine eligibility for this Fee Waiver and will need to provide income and household information for your domestic partner. If you are a dependent student and your parent is in a Registered Domestic Partnership, you will be treated the same as a student with married parents and income and household information will be required for the parent's domestic partner.

**\*\*These new provisions apply to state funded student financial aid ONLY, and not to federal student financial aid.**

Are you or your parent in a Registered Domestic Partnership with the California Secretary of State under Section 297 of the Family Code? (Answer "Yes" if you or your parent are separated from a Registered Domestic Partner but have **NOT FILED** a Notice of Termination of Domestic Partnership with the California Secretary of State's Office.)  Yes  No

If you answered "Yes" to the question above treat the Registered Domestic Partner as a spouse. You are required to include your domestic partner's income and household information or your parent's domestic partner's income and household information in Questions 3, 6, 7, 8, 9, 10, 11, 12.

Student Marital Status:  Single  Married  Divorced  Separated  Widowed  Registered Domestic Partnership

## DEPENDENCY STATUS

1. Were you born before January 1, 1982?  Yes  No
  2. As of today, are you married or in a Registered Domestic Partnership? (Answer "Yes" if you are separated but not divorced or have not filed a termination notice to dissolve partnership.)  Yes  No
  3. Do you have children who receive more than half of their support from you, or other dependents who live with you (other than your children and spouse) who receive more than half of their support from you, now and through June 30, 2006?  Yes  No
  4. Are you an orphan or a ward of the court, or were you a ward of the court until your 18th birthday?  Yes  No
  5. Are you a veteran of the U.S. Armed Forces?  Yes  No
- 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 or RDP if applicable). Skip to Question #8.
  - If you answered "No" to all questions 1 - 5, complete the following questions:
    6. If your parent(s) or his/her RDP filed or will file a 2004 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?  Won't File  Yes  No
    7. Do you live with one or both of your parent(s) and/or his/her RDP?  Yes  No
  - 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)/RDP. 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.

## METHOD A

8. Are you (the student ONLY) currently receiving monthly cash assistance from: TANF/CalWORKs?  Yes  No  
SSI/SSP (Supplemental Security Income/State Supplemental Program)?  Yes  No  
General Assistance?  Yes  No

**METHOD A (continued)**

9. If you are a dependent student, are your parent(s)/RDP receiving monthly cash assistance from TANF/CalWORKs or SSI/SSP as a primary source of income?  Yes  No

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

**METHOD B**

10. **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, now and through June 30, 2006.) \_\_\_\_\_

11. **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, now and through June 30, 2006.) \_\_\_\_\_

12. **2004 Income Information**

DEPENDENT STUDENT:  
PARENT(S)/ RDP INCOME

INDEPENDENT STUDENT:  
STUDENT ( & SPOUSE'S/ RDP) INCOME

a. Adjusted Gross Income (If 2004 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 34; 1040A, line 21; 1040EZ, line 4 or Telefile, line I).

\$ \_\_\_\_\_

\$ \_\_\_\_\_

b. All other income (Include ALL money earned in 2004 that is not included in line (a) above. Include TANF benefits, disability, Social Security, child support.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

TOTAL Income for 2004 (Sum of a + b)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

The Financial Aid Office will review your income and let you know if you qualify for a FEE WAIVER under Method B. If you do not qualify using this simple method, you should file a FAFSA.

**SPECIAL CLASSIFICATIONS**

13. 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? Submit certification.  Yes  No

14. Are you eligible as a recipient of the Congressional Medal of Honor or as a child of a recipient, or a dependent of a victim of the September 11, 2001 terrorist attack? Submit documentation from the Department of Veterans Affairs or the CA Victim Compensation and Government Claims Board.  Yes  No

15. 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 and income information.  Yes  No

• If you answered "Yes" to question 13, 14, or 15, you are eligible for a FEE WAIVER. Sign the Certification at the end of this form.

**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 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 2004 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature (dependent students only)

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

<input type="checkbox"/> BOGFW-A <input type="checkbox"/> TANF/CalWORKs <input type="checkbox"/> GA <input type="checkbox"/> SSI/SSP	<input type="checkbox"/> BOGW-B _____ <input type="checkbox"/> BOGFW-C	<input type="checkbox"/> Special Classification <input type="checkbox"/> Vet/National Guard Dep <input type="checkbox"/> Medal of Honor/or 9/11 Dependent <input type="checkbox"/> Dep. of deceased law enforcement/fire personnel	<input type="checkbox"/> RDP <input type="checkbox"/> Student <input type="checkbox"/> Parent	<input type="checkbox"/> Student is not eligible
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Notes: \_\_\_\_\_

Certified by: \_\_\_\_\_ Date: \_\_\_\_\_