California Community Colleges 2010-2011 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 a fee waiver. Do not complete this application. You may apply for financial aid by completing the FAFSA.

Nar			Student ID #			
	Last First Middle	e Initial				
Em	ail (if available):		Telephone Number: ()		
Hor	ne Address:		Date of Birth:		/	
	Street City	Zip Code				
Has	s the Admissions or Registrar's Office determined tha	at you are a Cali	fornia resident?	Yes 🗆	No	
IMF	LEMENTATION OF THE CALIFORNIA DOMESTIC PA	RTNER RIGHTS	AND RESPONSIBILITIES	S ACT		
indi in a Enr stud inco Not	California Domestic Partner Rights and Responsibility viduals in domestic partnerships registered with the Califa Registered Domestic Partnership (RDP), you will be to ollment Fee Waiver and will need to provide income and dent and your parent is in a Registered Domestic Partnership and household information will be required for the partnership.	fornia Secretary of treated as an Ind d household infor ership, you will be arent's domestic p aid ONLY, and r	of State under Section 297 dependent married studen mation for your domestic te treated the same as a si partner. not to federal student fina	of the Family to determine partner. If you tudent with manager and aid.	/ Code. e eligibili u are a c arried pa	If you are ty for this dependent arents and
Coo Ter If ye	you or your parent in a Registered Domestic Partnership? (Answer "Yes" if you or your parent are separate mination of Domestic Partnership with the California Sector answered "Yes" to the question above treat the Regnestic partner's income and household information or estions 4, 11, 12, 13, 14, 15, 16, 17.	<i>d from a Registe</i> retary of State's gistered Domestion	ered Domestic Partner bu Office.)	t have NOT i es □ No 'ou are requir	FILED a ed to inc	Notice of
Stu	dent Marital Status: 🗖 Single 🗖 Married 🗖 Divo	rced 🗖 Separa	ted Widowed Re	egistered Dom	estic Par	tnership
DFI	PENDENCY STATUS					
The and	e questions below will determine whether you are considured whether parental information is needed. If you answer "No" to all question rmation and should continue with Question 11.	er "Yes" to ANY	of the questions 1-10 be	elow, you will	be cons	idered an
1.	Were you born before January 1, 1987? (If "Yes," skip	to question 13)			Yes \Box	N o
2.	As of today, are you married or in a Registered Domest (Answer "Yes" if you are separated but not divorced of answer "Yes," skip to question 13.)			ssolve partnei	<i>rship. A</i> Yes □	-
3.	Are you a veteran of the U.S. Armed Forces or currently <i>question 13)</i>	y serving on activ	e duty for purposes other t	than training?	(If "Yes Yes □	•
4.	Do you have children who will receive more than half dependents who live with you (other than your children now and through June 30, 2011? (If "Yes," skip to question of the skip to the	n and spouse/RD		n half of their		from you,
5.	At any time since you turned age 13, were both your particle of the court? (If "Yes," skip to question 13)	arents deceased,	were you in foster care or	r were you a d	depende Yes ⊑	
6.	Are you or were you an emancipated minor as determin (If "Yes," skip to question 13)	ed by a court in y	our state of legal residenc	e?	Yes □	1 No

DE	PENDENCY STATUS (Continued)						
7.	Are you or were you in legal guardianship as determined by a court in your state of legal re (If "Yes," skip to question 13)	esidence?		Yes		No	
8.	At any time on or after July 1, 2009, did your high school or school district homeless unaccompanied youth who was homeless? (If "Yes," skip to question 13)	ess liaison	determine	e that y Yes		vere an No	
9.	At any time on or after July 1, 2009, did the director of an emergency shelter or transitional Department of Housing and Urban Development determine that you were an unaccompanion (If "Yes," skip to question 13)				s?	U.S. No	
10.	At any time on or after July 1, 2009, did the director of a runaway or homeless youth ba determine that you were an unaccompanied youth who was homeless or were self-sup (If "Yes," skip to question 13)			of bein	g hor		
V	• If you answered "Yes" to any of the questions 1 - 10, you are considered an INDEPENDENT student for enrollment fee waiver purposes and must provide income and household information about yourself (and your spouse or RDP if applicable). Skip to Question #13.						
• If	f you answered "No" to all questions 1 - 10, complete the following questions:						
11.	If your parent(s) or his/her RDP filed or will file a 2009 U.S. Income Tax Return, were you, as an exemption by either or both of your parents?	or will you Will Not F		ed on th /es 📮			
12.	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 - 10 and "Yes" to either question 11 or 12, you must provide income and household information about your PARENT(S)/RDP. Please answer questions for a DEPENDENT student in the sections that follow. 							
<u>s</u> a	f you answered "No" or "Parent(s) will not file" to question 11, and "No" to question 1. student aid except this enrollment fee waiver. You may answer questions as an INDE application, but please try to get your PARENT information and file a FAFSA so you lid. You cannot get other student aid without your parent(s') information.	EPĔNDEN	IT student	on the	rest	of this	
MF	THOD A ENROLLMENT FEE WAIVER		_				
	Are you (the student ONLY) currently receiving monthly cash assistance for yourself or any	y depende	ents from:				
	TANF/CalWORKs?		Yes 🗖	No			
	SSI/SSP (Supplemental Security Income/State Supplemental Program)?		Yes 🗖	No			
	General Assistance?		Yes 🗖	No			
14.	If you are a dependent student, are your parent(s)/RDP receiving monthly cash assistance		NEIO DAG	NDI/a a	CCI	2CD ac	
	a primary source of income?			No	331/	SSF as	

• If you answered "Yes" to question 13 or 14 you are eligible for an ENROLLMENT FEE WAIVER. Sign the Certification at the end of this form. You are required to show current proof of benefits. Complete a FAFSA to be eligible for other financial aid opportunities.

MET	HOD B ENROLLMENT FEE WAIVER		
	DEPENDENT STUDENT: How many persons are in your pare anyone who lives with your parent(s)/RDP and receives more th June 30, 2011.)		
	INDEPENDENT STUDENT: How many persons are in your helives with you and receives more than 50% of their support from your helives with your and receives more than 50% of their support from your helives with your and receives more than 50% of their support from your helives with your and receives more than 50% of their support from your helives with your helives with your and receives more than 50% of their support from your helives with your and receives more than 50% of their support from your helives with your helives with your and receives more than 50% of their support from your helives with yo		
17. :	2009 Income Information		
	(Dependent students should not include their income information for Q 17 a and b below.) a. Adjusted Gross Income (If 2009 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4).	DEPENDENT STUDENT: PARENT(S)/ RDP INCOME ONLY	INDEPENDENT STUDENT: STUDENT (& SPOUSE'S/ RDP) INCOME
	 All other income (Include ALL money received in 2009 that is not included in line (a) above (such as disability, child support, military living allowance, Workman's Compensation, untaxed pensions). 	\$	\$
	TOTAL Income for 2009 (Sum of a + b)	\$	\$

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

SPE	CIAL CLASSIFICATIONS ENROLLMENT FEE WAIVERS					
18.	Do you have certification from the CA Department of Veterans Affairs that you are eligible for a dependent's Submit certification.	s fee	waive Yes		No	
19.	Do you have certification from the National Guard Adjutant General that you are eligible for a dependent's f Submit certification.	ee w	aiver? Yes		No	
20.	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.		Yes		No	
21.	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.		Yes		No	
22.	Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line Submit documentation from the public agency employer of record.	of d	uty? Yes		No	
• If you answered "Yes" to any of the questions from 18-22, you are eligible for an ENROLLMENT FEE WAIVER and perhaps other fee waivers or adjustments. Sign the Certification below. Contact the Financial Aid Office if you have questions.						

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 2009 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.

California Information Privacy Act State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information bout themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of ccess to records established from information furnished on this form as it pertains to them. The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to hich you are applying for financial aid. The SSN may be used to verify your identity under record keeping systems established prior of January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid affect at our college for further information. The Chancellor's Office and the California community colleges, in compliance with federal and late laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual rientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the nancial aid office of the college to which you are applying. FOR OFFICE USE ONLY BOGFW-A BOGFW-A BOGFW-B PROCEW G BOGFW-B PROCEW G PROC	transportation and the form of Pell at I may apply for a (certificate, assoc	financial aid programs a d room and board expen nd other grants, work stu	are available to help ses). By completin dy and other aid. istance if I am enro	g the FAFSA, addition	nal financial assis or part time, in an	nt fees, books & supplies, tance may be available in eligible program of study office.
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state and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information reactices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information bout themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of ccess to records established from information furnished on this form as it pertains to them. The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN may be used to verify your identity under record keeping systems established prior of January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at our college for further information. The Chancellor's Office and the California community colleges, in compliance with federal and tate laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual rientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the nancial aid office of the college to which you are applying. POR OFFICE USE ONLY BOGFW-A BOGFW-B Special Classification Parent PARP Student is not eligible Parent			Ι ΙΕΩΦΝΙΑ ΙΝΕΩΦΜΑΤ	ΙΟΝ ΡΡΙΜΑΟΥ ΔΟΤ		
□ BOGFW-A □ TANF/CalWORKs □ GA □ BOGFW-B □ Special Classification □ National Guard □ Dependent □ Parent □ Student is not eligible □ Parent	Practices Act of 1977 req about themselves. The prochancellor's Office policy information. Failure to prinformation may be transmaccess to records establish. The officials responsible for which you are applying for to January 1, 1975. If you your college for further interestate laws, do not discrimorientation, domestic part	uires the following information: and the policy of the coovide such information whitted to other state age ned from information furnity or maintaining the information furnity of the college requires you to formation. The Chancel inate on the basis of racenership or any other legister.	mation be provided lesting information of the provided lesting information of the provided lesting information college to will delay and may notice and the federished on this form a lation contained on may be used to very provide an SSN arrors office and the ce, religion, color, regally protected bases	to financial aid applic on this form is to dete o which you are apple even prevent your re ral government if req as it pertains to them. this form are the finan- rify your identity unde- nd you have questions ac California communitational origin, gende	cants who are as ermine your eligiblying for aid authoeceipt of financial uired by law. Incomplete and administration of the properties, you should ask by colleges, in corr, age, disability,	ked to supply information ility for financial aid. The orize maintenance of this I assistance. This form's lividuals have the right of rators at the institutions to systems established prior the financial aid officer at mpliance with federal and medical condition, sexual
□ BOGFW-A □ TANF/CalWORKs □ GA □ BOGFW-B □ Special Classification □ National Guard □ Dependent □ Parent □ Student is not eligible □ Parent			FOD OFFICE II	ICE ONLY		
Dep. of deceased law enforcement/fire personnel	☐ TANF/CalWORKs	BOGFW-C	Special Classification Veteran Medal of Honor Dep. of deceased	on □ National Guard Dependent □ 9/11 Dependent	□Student	
	Comments:			D-1-		