California Community Colleges 2008-2009 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.

Name: _	Last	First		Middle Initial		Student ID #					
Email (if a	available):					Telephone Number	er: ()			
Home Ad	dress:		City	Z	ip Code	Date of Birth:				_/	
Has the	Admissions or Reg	istrar's Office	determined t	hat you are	a California r	esident?				Yes [N o
						ESPONSIBILITIES					
registered an Indepe partner. If income an	with the California Sec ndent married student you are a dependent d household information	cretary of State u to determine eli student and you on will be require	nder Section 29 gibility for this E parent is in a I d for the parent	97 of the Fami Enrollment Fee Registered Do i's domestic pa	ily Code. If you e Waiver and wi mestic Partners artner.	responsibilities and of are in a Registered Do Il need to provide income hip, you will be treated ederal student finan	omestic Parti me and hous the same as	nership (RDP), sehold informa	you tion f	will be tre	eated as domestic
"Yes" if you	ou or your parent are California Secretary (e separated fro of State's Office	m a Registere e.)	ed Domestic	Partner but ha	retary of State under ve NOT FILED a No	otice of Terr	mination of D	ome:	stic Part Yes	nership No
						s a spouse. You are ousehold information					
Student N	Marital Status: □	I Single □	Married \Box	Divorced C	■ Separated	d □ Widowed □	Register	ed Domestic	Part	nership	
	ENCY STATUS	1 100	-0							V D	
1. 2.	Were you born before As of today, are you termination notice to o	married or in a	Registered Dor	nestic Partner	rship (RDP)? (A	nswer "Yes" if you are	e separated	but not divorce	ed or	Yes □ r have no Yes □	ot filed a
3.		n who receive r	nore than half			r other dependents w h June 30, 2009?	ho live with	you (other th		our child Yes 🗖	
4.				-		d/dependent of the cou				Yes 🗖	No
5.						ourposes other than tra				Yes 🗖	
and m		and househo	old informatio	n about you	urself (and yo	INDEPENDENT stu ur spouse or RDP i ·					
6.		s/her RDP filed				vere you, or will you be □Will Not File			n as	an exem	ption by
7.	Do you live with one of							☐ Yes ☐		• •	
						you must provide i in the sections that		d household	into	rmatior	1 about
						question 7, <u>you are</u>		dent student	for	all stud	ent aid
except	t this enrollment fe	e waiver. Yo	u may answe	r questions	as an INDEP	ENDENT student of	n the rest	of this appl	icati	on, but	please
	get your PARENT i it your parent(s') in		d file a FAFS	A so you ma	ay be conside	ered for other stude	nt aid. Yo	ou cannot ge	t oth	ner stud	ent aid
	A ENROLLMENT		_		_	_		_			
			ntly receiving r	nonthly cash	assistance fo	r yourself or any dep	endents fro	om:			
	TANF/CalWORKs? SSI/SSP (Supplementary)	ental Security I	ncome/State S	Supplementa	l Program)?					Yes C	□ No
9.		ndent student,	are your pare	ent(s)/RDP r	eceiving mont	thly cash assistance	from TAN	NF/CalWORK			SP as a
• If you	primary source of ir		r 0 vou aro	aligible for s	n FND∩LIM	ENT FEE WAIVED	Sign the			Yes 🗆	
• If you answered "Yes" to question 8 or 9 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.									טו נוווס		

MET <u>HOI</u>	D B ENROLLMEN [®]	T FEE WAIVER							
10.			ersons are in your parent(s)/RDP an 50% of their support from your			and anyone who lives with			
11.	INDEPENDENT ST	UDENT: How many	persons are in your household? (I now and through June 30, 2009.)	nclude yourself, your spouse/RD		ives with you and receives			
12.	2007 Income Infor	• • • • • • • • • • • • • • • • • • • •	now and unough dune 30, 2003.	·					
				DEPENDENT STUDENT PARENT(S)/ RDP INCOME	STUDENT (PENDENT STUDENT: NT (& SPOUSE'S/ RDP) INCOME			
			7 U.S. Income Tax Return was						
	filed, enter 1040EZ, lir		m 1040, line 37; 1040A, line 21;	\$	\$				
	b. All other in	come (Include ALL m	oney received in 2007 that is not		<u> </u>				
		n line (a) above (su urity, child support).	ch as TANF benefits, disability,	\$	\$				
		come for 2007 (Sum of	(a + h)	\$	- + <u></u>				
	ncial Aid Office will	review your income	and let you know if you qualify	for an ENROLLMENT FEE WA	AIVER under Method	B. If you do not qualify			
		ou should file a FAFS							
		ONS ENROLLMEN	T FEE WAIVERS epartment of Veterans Affairs that	t vou are eligible for a dependent	t's fee waiver?				
10	Submit certification		epartificiti of veteralis Alialis tila	t you are eligible for a dependent		☐ Yes ☐ No			
14	4. Do you have certification from the National Guard Adjutant General that you are eligible for a dependent's fee waiver? Submit certification.								
15			ngressional Medal of Honor or as	a child of a recipient?					
4.0		•	nent of Veterans Affairs.			Yes 🗆 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. □ Yes □ No								
17			ceased law enforcement/fire supp	ression personnel killed in the lin	<u>-</u>				
• If vo			gency employer of record. estions from 13-17, you are e	oligible for an ENDOLLMEN		Yes No			
			ication below. Contact the F			iu pernaps otner ree			
		<u> </u>	THIS STATEMENT AND SIGN B	-	·				
official, loarent's/or the de	l agree to provide registered domestic mial, reduction, witho	proof of this info partner's 2007 U.S.	hat all information on this form is rmation, which may include a Income Tax Return(s). I also re ent of my waiver. I authorize rel Community Colleges.	a copy of my and my spou alize that any false statement or	se/registered dome failure to give proof v	estic partner and/or my when asked may be cause			
Applicant's	Signature		Date Par	ent Signature (Dependent Students	Only)	Date			
			California Informatio	on Privacy Act					
nformatior our eligibi o provide	n be provided to financial lity for financial aid. Th such information will d	al aid applicants who are e Chancellor's Office pol elay and may even prev	ivacy regarding information pertaining asked to supply information about the community of the community content your receipt of financial assistants access to records established from in	nemselves. The principal purpose for a billege to which you are applying for a ce. This form's information may be	or requesting information aid authorize maintenan e transmitted to other st	n on this form is to determine ce of this information. Failure			
nay be us should ask liscriminat	ed to verify your identification the financial aid officer e on the basis of race,	ty under record keeping at your college for furthe religion, color, national	ntained on this form are the financial systems established prior to January in information. The Chancellor's Office origin, gender, age, disability, medical ancial aid office of the college to whice	1, 1, 1975. If your college requires ye and the California community colleg I condition, sexual orientation, dome	you to provide an SSN ges, in compliance with	and you have questions, you federal and state laws, do no			
—			FOR OFFICE U	SE ONLY					
□ B(OGFW-A TANF/CalWORKs	□ BOGFW-B	Special ClassificationVeteran	☐National Guard Dependent	RDP Student	Student is not eligible			
	GA	□ BOGFW-C	Medal of Honor	☐ 9/11 Dependent	☐ Parent				
Comme	SSI/SSP ents:		☐ Dep. of deceased law	enforcement/fire personnel					
Certifie	d by:			Date:					