

California Community Colleges 2011-2012 Board of Governors Tuition 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) as soon as possible. Contact the Financial Aid Office for more information. The FAFSA is available online 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: _____ Student ID # _____
Last First Middle Initial

Email (if available): _____ Telephone Number: (____) _____

Home Address: _____ Date of Birth: ____/____/____
Street City Zip Code

Has the Admissions Office determined that you are a California Resident? YES NO

IMPLEMENTATION OF THE CALIFORNIA DOMESTIC PARTNER RIGHTS AND RESPONSIBILITIES ACT

The California Domestic Partner Rights and Responsibilities Act 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 Enrollment 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 -- income and household information will be required for the parent's domestic partner.

Note: The provisions above apply to state financial aid ONLY -- it does not apply to federal 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? YES NO

- 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.
- 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 4, 11, 12, 14, 15, and 16.

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

DEPENDENCY STATUS – Are you INDEPENDENT or DEPENDENT?

The questions below will determine whether you are considered a DEPENDENT or INDEPENDENT student for fee waiver eligibility and whether parental information is needed. If you answer "Yes" to ANY questions (#1-10) below, you will be considered an INDEPENDENT STUDENT. If you answer "No" to every question (# 1-10), you are considered a DEPENDENT STUDENT who is required to report parental information and should continue with Question 11.

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| 1. Were you born before January 1, 1988? | (If "Yes," skip to question 13) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. As of today, are you married or in a Registered Domestic Partnership (RDP)?
<small>(Answer "Yes" if you are separated but not divorced or have not filed a termination notice to dissolve partnership.)</small> | (If "Yes," skip to question 13) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Are you a veteran of the U.S. Armed Forces or currently serving on active duty for purposes other than training? | (If "Yes," skip to question 13) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Do you have children who receive more than half of their support from you, or do you have other dependents that live with you who receive more than half of their support from you, now and through June 30, 2012? | (If "Yes," skip to question 13) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. While age 13 or older, were both your parents deceased, were you in foster care, or were you a dependent/ward of the court? | (If "Yes," skip to question 13) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Are you or were you an emancipated minor as determined by a court in your state of legal residence? | (If "Yes," skip to question 13) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Are you or were you in legal guardianship as determined by a court in your state of legal residence? | (If "Yes," skip to question 13) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. At any time on or after July 1, 2010, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? | (If "Yes," skip to question 13) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 9. At any time on or after July 1, 2010, did the director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? | (If "Yes," skip to question 13) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 10. At any time on or after July 1, 2010, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? | (If "Yes," skip to question 13) | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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 you answered "No" to all questions (1 – 10), complete the following questions:

11. On your parent(s)' 2010 U.S. Income Tax Return, were/will you be claimed as an exemption by either or both of your parents? WILL NOT FILE YES NO
12. Do you live with one or both of your parent(s)? YES NO

- If you answered "Yes" to either question 11 or 12, you must provide income and household information about your PARENT(S)/RDP. Please answer questions as a DEPENDENT student in the sections that follow.
- If you answered "No" or "Parent(s) will not file" to question 11, and "No" to question 12, you are an INDEPENDENT student for this Enrollment Fee Waiver ONLY! In order to be considered for other student financial aid, parental information is required to file a Free Application for Federal Student Aid (FAFSA).

METHOD A ENROLLMENT FEE WAIVER

13. Are you (STUDENT) currently receiving monthly cash assistance for yourself or any dependents from:

TANF/CalWORKs?

YES NO

SSI/SSP (Supplemental Security Income/State Supplemental Program)? Social Security payments do not qualify.

YES NO

General Assistance?

YES NO

14. DEPENDENT STUDENTS - Are your parent(s)/RDP receiving monthly cash assistance from TANF/CalWORKs or SSI/SSP as their primary source of income?

YES NO

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.

METHOD B ENROLLMENT FEE WAIVER

Answer for either DEPENDENT or INDEPENDENT. Your status is determined based on the results of questions #1 thru #12.

15. DEPENDENT STUDENT: How many persons are in your parent(s)/RDP household? (Include yourself, your parent(s)/RDP, and anyone who lives with your parent(s)/RDP and receives more than 50% of their support from your parents/RDP, now and through June 30, 2012.) _____

INDEPENDENT STUDENT: How many persons are in your household? (Include yourself, your spouse/RDP, and anyone who lives with you and receives more than 50% of their support from you, now and through June 30, 2012.) _____

16. 2010 INCOME INFORMATION	DEPENDENT STUDENT List your PARENT(S)/ RDP INCOME:	INDEPENDENT STUDENT List YOUR (& SPOUSE'S/RDP) INCOME:
a. ADJUSTED GROSS INCOME - If 2010 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4.	\$ _____	\$ _____
b. OTHER INCOME - Include ALL MONIES received in 2010 that is not included above (e.g. Disability, Child Support, Military Living Allowance, Workman's Comp, and untaxed pensions).	\$ _____	\$ _____
TOTAL Income for 2010 (Sum of lines a + b):	\$ _____	\$ _____

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

SPECIAL CLASSIFICATIONS ENROLLMENT FEE WAIVERS

17. Do you have certification from the CA Department of Veterans Affairs that you are eligible for a dependent's fee waiver? Submit certification. YES NO

18. Do you have certification from the National Guard Adjutant General that you are eligible for a dependent's fee waiver? Submit certification. YES NO

19. 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

20. 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

21. 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. YES NO

If you answered "Yes" to any of the questions from 17-21, you are eligible for an ENROLLMENT FEE WAIVER and possibly 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 2010 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.

I understand the following information (please check each box):

- Federal and State financial aid programs are available to help with college costs (including enrollment fees, books & supplies, transportation and room and board expenses). By completing the FAFSA, additional financial assistance may be available in the form of Pell and other grants, work study and other aid.
- I may apply for and receive financial assistance if I am enrolled, full time or part time, in an eligible program of study (certificate, associate degree or transfer).
- Financial aid program information and application assistance is available at the college Financial Aid Office.

Student Signature _____ Date _____ Parent Signature (required for dependent students only) _____ Date _____

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 about 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 access 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 to January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at your college for further information. The Chancellor's Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.

FOR OFFICE USE ONLY

BOGFW-A <input type="checkbox"/> TANF/Cal Works <input type="checkbox"/> GA <input type="checkbox"/> SSI/SSP	BOGFW-B <input type="checkbox"/> Dependent <input type="checkbox"/> Independent <input type="checkbox"/> Student is not eligible	SPECIAL CLASSIFICATION <input type="checkbox"/> Veteran <input type="checkbox"/> Medal of Honor	<input type="checkbox"/> Dep. of deceased law enforcement/fire personnel <input type="checkbox"/> National Guard Dependent <input type="checkbox"/> 9/11 Dependent	RDP <input type="checkbox"/> Student <input type="checkbox"/> Parent
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Certified by: _____ Date: _____