## California Community Colleges 2015-16 Board of Governors Fee Waiver Application

This is an application to have your **ENROLLMENT FEES WAIVED**. 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) or the California Dream Application (for eligible AB 540 students) immediately. The FAFSA is available at www.fafsa.gov and the Dream Application is available at https://dream.csac.ca.gov/. Contact the Financial Aid Office for more information.

IMPLEMENTATION OF Assembly Bill 1899: Victims of Trafficking, Domestic Violence and other Serious Crimes

AB 1899, chaptered in September of 2012, provides for a non-resident enrollment fee exemption for "Victims of trafficking, domestic violence and other serious crimes". In addition, the legislation allows these students to apply for and, if eligible, receive financial aid from programs administered by public postsecondary institutions or the state of California. Finally, the legislation provides that enrollment fees shall be waived for these students who apply for and are eligible to receive Board of Governor enrollment fee waivers.

This **FEE WAIVER** application is for California residents, eligible AB 540 students, and eligible AB 1899 students, as determined by the Admissions or Registrar's Office. If you have not had your California residency or eligibility status determined by the Admissions or the Registrar, please see one of those offices to obtain the valid determination. Fee waiver eligibility cannot be determined until your status has been verified.

Has the Admissions or Registrar's Office determined that you are a California resident?		Yes 🛆	No No		
If no, has the Admissions or Registrar's Office determined that you are eligible for a non-resid	ent tuitior	n exempt	ion as an	AB 540 student?	
		Yes C	1 No		

If no, has the Admissions or Registrar's Office determined that you are eligible for a non-resident tuition exemption granted as a result of you residing in the United States with a "T" or "U" visa (immigration status under Section 1101(a)(15)(T)(i) or (ii), or Section1101 (a)(15)(U)(i) or (ii), of Title 8 of the United States Code)?

Name:					Provide the second s
	Last	First		Middle Initial	
Email (if	available):				Telephone Number: ()
Home Ad	ddress:				Date of Birth: /
	Street		City	Zip Code	

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

The California Domestic Partner Rights and Responsibilities Act extends 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), or legal same sex marriage, 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 partners. If you are a dependent student and your parent is in a Registered Domestic Partnership, or legal same sex marriage, 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.

## Note: These provisions apply to state 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.)

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, 13, 14, 15, 16, 17.

Single Married	Divorced	Separated	Widowed	Registered Domestic Partnership	
DEPENDENCY STATUS					

The questions below will determine whether you are considered a Dependent student or Independent student for fee waiver eligibility and whether parental information is needed. If you answer "Yes" to **ANY** of the questions 1-10 below, you will be considered an INDEPENDENT student. If you answer "No" to all questions, you will be considered a Dependent student student thereby reporting parental information and should continue with Question 11.

1. Were you born before January 1, 1992?	🛛 Ye	s 🛛	No				
2. As of today, are you married or in a Registered Domestic Partnership (RDP)? (Answer "Yes" if you are separated but not divorced or have not filed a termination notice to							
		s 🛛	No				
o. The you a veteral of the electric and electric and electric additional and a second and a second and a second	🛛 Ye		No				
4. Do you have children who will receive more than half of their support from you between July 1, 2015 - June 30, 2016, or other dependents who live with you (other than your							
	🛛 Ye	s 🛛	No				
5. At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court?	🛛 Ye	s 🛛	No				
6. Are you or were you an emancipated minor as determined by a court in your state of legal residence?	🛛 Ye	s 🛛	No				
7. Are you or were you in legal guardianship as determined by a court in your state of legal residence?	🛛 Ye	s 🛛	No				
8. At any time on or after July 1, 2014, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was	s home	less?					
	🛛 Ye	s 🛛	No				
9. At any time on or after July 1, 2014, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housin	g and l	Irban					
Development determine that you were an unaccompanied youth who was homeless?	🛛 Ye	s 🛛	No				
10. At any time on or after July 1, 2014, 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?	🛛 Ye	s 🛛	No				
•If you answered "Yes" to any of the questions 1 - 10, you are considered an INDEPENDENT student for enrollment fee waiver purposes and r	iust pro	ovide	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. If your parent(s) or his/her RDP filed c	r will fil $\epsilon$	a 201	4 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? 🛛 Will Not File 🖓	les 🗖	' No					
12. Do you live with one or both of your pa	rent(s)	and/or	his/her				
RDP?							
<ul> <li>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.</li> </ul>							
<ul> <li>If you answered "No" or "Parent(s) will not file" to question 11, and "No" to question 12, you are a dependent student for all student aid e</li> </ul>	xcent f	nis en	rollment				
fee waiver. You may answer questions as an INDEPENDENT student on the rest of this application, but please try to get your PARENT inform							

FAFSA so you may be considered for other student aid. You cannot get other student aid without your parent(s') information.

13. A cay up a shared OV. Councelly recording monthly cash assistance for yourself or any dependents from: SNESS (Supplemental Security Income/Sulfs Supplemental Program)?  14. If you are a dependent student any pur parent(s)/PEP reaching monthly cash assistance from TAMF-CaMVORK or SUSS Preve to purprise yourself or any or parent(s)/PEP. 15. Supplemental Security Tame Take (Take Take Take Take Take Take Take Take														
Yes a swered "Yes" to question 13 or 14 you are eligible for an ENROLLMENT FEE WAVER. Sign the Certification at the end of this form. You are require show current proof of benefits. Submit application and documentation to the financial aid office. <u>UNITODE ENROLLMENT FEE WAVER</u> <b>5.</b> DEPENDENT STUDENT: How many persons are in your parently/RPDP household? Include yourself, your spouso/RDP, and anyone who lives with your parently/RPDP household? Include yourself, your spouso/RDP, and anyone who lives with your aprecision that and to fibre support from you. Row and through June 30, 2016.]	TANI SSI/S Gene	F/CalWC SSP (Su eral Assi	DRKs? pplemental Security Inc stance?	come/State S	Supplementa	l Program)?				Yes Z Yes Z	7 No 7 No			
METHOD & ENKOLLINET, TERE WAVER  5. DEPRIVENT STUDENT: How many persons are in your parent/s/RDP household? (forbude yourself, your parent/s/RDP, and anyone who lives with your and receives more than of their support for your parents/RDP, nor and through June 30, 2016)  5. NOEPENDENT STUDENT: How many persons are in your household? (forbude yourself, your parents/RDP, and anyone who lives with your and receives more than of their support form your hour and through June 30, 2016)  7. 2014 Income information 7. 2014 Income information 7. 2017 and b bolon 7. 2017 and b bolon 7. 2017 The and b bolon 7.	lf yo	u answe	ered "Yes" to question	n 13 or 14 y	ou are eligib	le for an ENROLI	LMENT FEE W	VVER. Sign the Cert		Yes 🛽	<b>7</b> No			d to
parents/NDP and treavies more than 50% of their support from your parents/NDP. now and through June 30, 2016.]	MET	HOD B I	ENROLLMENT FEE W	AIVER						-				
af their support from you, now and through June 30, 2016.]	parei	nt(s)/RD	P and receives more th	an 50% of ti	heir support f	rom your parents/	RDP, now and t	hrough June 30, 2016	.)	_				
Dependent students should not include their income information if Or Q17 and block.  Dependent students should not include their income information if Dependent not not provide the student of the stud							nclude yourself,	your spouse/RDP, an	id anyone w	ho lives w	ith you and	receives	s more than	50%
TOTAL income for 2014 (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. Submit application and documentation to the financial aid office.         If you do not qualify using Method A or Method B, you should file a FAFSA (for U.S. citizens or eligible non-citizens) or the California Dream Application (for undocumented be S40 students). The FAFSA is available at tww.lafsa gov and the Dream Application is available at https://dream.csac.ca.gov/. Contact the Financial Aid Office for more information.         StepCIAL CLASS FIFCATIONS ENROLLMENT FEE WAIVER         10       Do you have certification from the CAD epartment of Veterans Affairs that you are eligible for a dependent's fee waiver?         Submit certification.       9 Yes       No         20       Are you eligible as a religible as a religible of a vectority for the Sophember 11, 2001, terrorist attack?       9 Yes       No         21       Are you eligible as a dependent of a vectority for the Sophember 12, 2001, terrorist attack?       9 Yes       No         23. Are you eligible as a dependent of a decease of the sophember 12, 2001, terrorist attack?       9 Yes       No         24. Are you eligible as a dependent of a decease of mits-22 opurate sligible for an ENROLLMENT FEE WAIVER and perhaps at the sophember 12, 2001, terrorist attack?       Yes       No         24. Are you eligible as a dependent of a decease of more 18-22 opurate antipolicage and period attain attrack and period attain attrack andocommentation from the CAV (citm Compensation and Gover	(De or Ac er Al ir	ependen r Q 17 a djusted ( nter the a Il other in ncluded i	It students should not ir and b below.) Gross Income (If 2014 ( amount from Form 104( ncome (Include <b>ALL m</b> in line (a) above (such a	U.S. Income 0, line 37; 10 <b>oney</b> receive as disability,	Tax Return 040A, line 21, ed in 2014 th child suppor	was filed, 1040EZ, line 4) at is not t, military living							INCOME	
SPECIAL CLASSIFICATIONS ENROLLMENT FEE WAIVERS         18. Do you have certification from the CA Department of Veterans Affairs that you are eligible for a dependent's fee waiver?         Submit certification	The I docu If you undo	OTAL In Financia Imentati U do no ocumen	acome for 2014 (Sum of al Aid Office will revie ion to the financial aid t qualify using Method ted AB 540 students).	f a + b) w your inco d office. d A or Meth The FAFS	ome and let y od B, you sł	you know if you c nould file a FAFS	A (for U.S. citiz	ens or eligible non-c	itizens) or	the Califo	rnia Drean	n Applica	ation (for	
Submit certification.       Pres       No         19. Do you have certification from the National Guard Adjutant General that you are eligible for a dependent's fee waiver?       Pres       No         20. Are you eligible as a recipient of the Congressional Medal of Honor or as a child of a recipient?       Pres       No         20. Are you eligible as a dependent of a victim of the September 11, 2001, terrorist attack?       Pres       No         21. Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty?       Pres       No         22. Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty?       Pres       No         23. More you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty?       Pres       No         24. Yes to you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty?       Pres       No         25. 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 the Certification below. Submit application and documentation on this form is true and complete to the best of my knowledge. It asked by an authorized official, lagree to provide p this information, which may include a copy of my and my spouse/registered domestic partner's 2014 U.S. Income Tax Returngle, including enditional financial assistance in the law endity. In the all information on this form is true and complete to the best of my knowledge. It as	SPE(	CIAL CI	LASSIFICATIONS E	NROLLME					i o					
Submit certification.       Image: Submit decumentation from the Congressional Medal of Honor or as a child of a recipient?         20. Are you eligible as a recipient of the Congressional Medal of Honor or as a child of a recipient?       Image: West in the Congressional Additional Compensation and Government Claims Board.       Image: West in the Congression and Government Claims Board.       Image: West in the Congression and Government/Tire Suppression personnel killed in the line of duty?       Image: West in the Congression and Government/Tire Suppression personnel killed in the line of duty?       Image: West in the Congression and Government/Tire Suppression personnel killed in the line of duty?       Image: West in the Congression and Government/Tire Suppression personnel killed in the line of duty?       Image: West in the Congression and Government/Tire Suppression personnel killed in the line of duty?       Image: West in the Congression and Government/Tire Suppression personnel killed in the line of duty?       Image: West in the Congression and Government/Tire Suppression personnel killed in the line of duty?       Image: West in the Congression and Government/Tire Suppression personnel killed in the line of duty?       Image: West in the Congression and Government/Tire Suppression personnel killed in the line of duty?       Image: West in the Congression and documentation to the financial aid office. Contact the Financial Aid Office if you have questions.       Centrol Killed Kill	Sub	mit certi	fication.							Ĺ	7 Yes 🛛	🕽 No		
Submit documentation from the Department of Veterans Affairs.           21. Are you eligible as a dependent of a victim Compensation and Government Claims Board.         Yes         No           22. Are you eligible as a dependent of a victim Compensation and Government Claims Board.         Yes         No           22. Are you eligible as a dependent of a victim Compensation and Government Claims Board.         Yes         No           23. Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty?         Yes         No           24. Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty?         Yes         No           25. which documentation from the DAV interment Claims Board.         Yes         No           26. efficient Delow. Submit application and documentation to the financial aid office. Contact the Financial Aid Office if you have questions.           CERTIFICATION FOR ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW           Threeby sever or affirm, under penalty of perjury, that all information on this from is true and complete to the best of my knowledge. If asked by an authorize diffical, I agree to provide perits and rakes statement or failure to give provi when asked may be cause for the denial, reduction, withdrawal, and or persyment of my waiver. I authorize release of information reget this application between the college, the college district, and the Chancellor'S Office of the California Community Colleges.           I mederal and state financial aid programs are available to help with college costs (including enrollmen				the National	l Guard Adjut	ant General that y	ou are eligible f	or a dependent's fee w	vaiver?	Δ	7 Yes 🛛	🛛 No		
21. Are you eligible as a dependent of a vicitm of the September 11, 2001, terrorist attack?         Submit documentation from the CA Vicitm Compensation and Government Claims Board.							a child of a recij	vient?		Γ	7 Yes [	<b>7</b> No		
22. 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.	21.	Are you	ı eligible as a depender	nt of a victim	of the Septe	mber 11, 2001, te				_				
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 the Certification below. Submit application and documentation to the financial aid office. Contact the Financial Aid Office if you have questions.     CERTIFICATION FOR ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW      In hereby swear or afilm, 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 p this information, which may include a copy of my and my spousoregistered domestic partner and/or my parent3/registered domestic partner's 2014 U.S. Income Tax Return(s), realize that any false statement or failure to give proof when asked may be cause for the denial, reduction, withind way, and/or repayment of my waiver. I authorize release of information regis this application ableveen the college, the college district, and the Chancelor's Office of the California Community Colleges.     Iunderstand the following information (please check each box):         The california Drama Application, additional financial assistance may be eavailable in the form of California, Penalt and program, and promation and board expenses). By complete FAFSA or the California Drama Application assistance if a mennolled, either full time or part time, in an eligible program of study (certificate, associate degree or transfer).         Timancial aid program information and application assistance is available in the college financial aid office.         The application's Signature Date Parent Signature (Dependent Students Only) Date         CALIFORNIA INFORMATION PRIVACY ACT         State ant elideria give program information prevent your receipt of francial assistance may the institutions to which you are epyling for financial aid office:         The officies responsible for information prevent your receipt of famacial assistance may adjuster the institutions to which you	22.	Are you	ı eligible as a depender	nt of a decea	ased law enfo	rcement/fire suppl		el killed in the line of c	luty?	_				
the Certification below. Submit application and documentation to the financial aid office. Contact the Financial Aid Office if you have questions. CERTIFICATION FOR ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW Thereby 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 prise information, which may include a copy of my and my spouse/registered domestic partner and/or my parents/registered domestic partner's 2014 U.S. Income Tax ReaReun(s), realize that any false statement or failure to give proof when asked may be cause for the California Community Colleges. Understand the following information (please check each box): Fereial and state financial aid programs are available to help with college costs (including enrollment fees, books & supplies, transportation and board expenses). By complete FAFSA or the California Dream Application, additional financial assistance may be available in the form of Cal Grants, Pell and other grants, work study and other aid. FAFSA or the California dream Application addition assistance is available in the college financial aid program information and application assistance is available in the college financial aid office. Forenatia aid program information and application assistance is available in the college financial aid office. Forenation information and application assistance is available in the college financial aid office. Financial aid program information and application assistance is available in the college financial aid office. Financial aid program information prevery you recept of financial assistance. Financial aid program information and application assistance is available to financial assistance. Financial aid program information and application assistance is available to financial assistance. Financial aid program information are expending information pertaining to esealf. The California Information receive financial ad applicants							le for an ENRO	I MENT FEE WAIVE	R and perh				iustments.	Sian
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 p this information, which may include a copy of my and my spouse/registered domestic partner and/or my parent's/registered domestic partner's 2014 U.S. Income Tax Return(s), 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 regis this application between the college, the college district, and the Chancellor's Office of the California Community Colleges. Iunderstand the following information (please check each box):  I reduction information area valiable to help with college costs (including enrollment fees, books & supplies, transportation and room and board expenses). By complete FAFSA or the California Dream Application, additional financial assistance may be available in the form of Cal Grants, Pell and other grants, work study and other aid. I may apply for and receive financial assistance if a wailable in the college financial aid program information and application assistance is available in the college financial aid office.  Applicant's Signature Date Parent Signature (Dependent Students Only) Date CLIFCONLIN INFORMATION PRIVACY ACT State and feeder law proves for equiving information pertaining to enself. The California Informatia at the reactive state agencies and the feeding operament of main is to deemine your eligibility for financial aid administrate at the mentel ad administrates at the mentel ad administrates the manifest an information in this form as the perians to them.  The official responsible for maintaining the information pertaining to enself. The California Information during and the reacted state agencies and the federal government if required basis. Inquires response to reacted statement or unreacted themical ad administrates at thematial ad diffice.  BogFW-A Bog	the	e Certifio	cation below. Submit	application	n and docum	entation to the fi	nancial aid offi	ce. Contact the Final					Juotimonitor	eigii
this information, which may include a copy of my and my spouse/registered domestic partner's 2014 U.S. Income Tax Return(s), realize that any false statement of failure to give proof when asked may be cause for the denial, reduction, withdrawal, and/or regament of my waiver. I authorize release of information registis application between the college, the college district, and the Chancellor's Office of the California Community Colleges. Understand the following information (please check each box):  FAFSA or the California Dream Application, additional financial assistance may be available in the form of Cal Grants, Pell and other grants, work study and other aid. FAFSA or the California Dream Application additional financial assistance may be available in the form of Cal Grants, Pell and other grants, work study and other aid. FarsA or the California Dream Application adoption assistance is a part time, in an eligible program of study (certificate, associate degree or transfer). FarsTage Date Parent Signature (Dependent Students Only) Date CLIFORNIA INFORMATION PRIVACY ACT State and dedral two grotes to individual right brivay regarding information pertaining to oneset. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply in or adr occurs for requires the information and application assistance is a veriability of financial assistance. This forms information may be transmitted to other state agencies and the foderal government if required by law. Individuals have the access to records estabilished financial and splicants who are asked to supply in or adr occurs for explicity and my even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the foderal government if required by law. Individuals have the access to records estabilished fin information contained on this form as it pertains to them. The official responsible for maintaining the information contai									If aakad by	on outbor	ized official	Logroot	to provido p	roof of
FAFSA or the California Dream Application, additional financial assistance may be available in the form of Cal Grants, Pell and other grants, work study and other aid. I may apply for and receive financial assistance if I am enrolled, either 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 in the college financial aid office. Applicant's Signature Date Parent Signature (Dependent Students Only) Date CALIFORNIA INFORMATION PRIVACY ACT State af deferal 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 in about themselves. The principal purpose for requires ing information on this form is to determine your receipt of financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aluthorize maintain information turnished on this form as it partains to them. The officialis 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 explored statisticates 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 directed to the financial aid office of the college to which you are applying for and the college to which you are applying for and the college to which you are applying for and the college of the college to which you are applying for and the college to the college to which you are applying for and the college t	<b>this i</b> realiz this a	nformati e that any pplication	<b>on, which may include a</b> y false statement or failure n between the college, the	copy of my a to give proof college distric	<b>and my spous</b> <sup>f</sup> when asked n ct, and the Cha	e/registered domes hay be cause for the ncellor's Office of the	stic partner and/ denial, reduction,	or my parent's/registere withdrawal, and/or repay	ed domestic	partner's 2	014 U.S. Inc	come Tax	Return(s).	l also
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 in about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial asistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the 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 CSN may be used to verify your identity under record keeping systems existe tedaral 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 letter to the financial aid office of the college to which you are applying.         FOR OFFICE USE ONLY       BOGFW-A       BOGFW-B       Special Classification       P         Veteran       National Guard Dependent       Parent       Parent       Parent	FAFS	SA or the may app	California Dream Applicati ly for and receive financia	ion, additional I assistance if	l financial assis <sup>r</sup> I am enrolled,	tance may be availa either full time or pa	ble in the form of rt time, in an eligil	Cal Grants, Pell and othe le program of study (cer	er grants, wor	k study and	l other aid.		By completir	ng the
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 in 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 information. Failure to provide such 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 estimated 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 lead to the financial aid office of the college to which you are applying.	Appli	icant's S	ignature			Date	Parent	Signature (Dependent	Students O	inly)			Date	
FOR OFFICE USE ONLY         BOGFW-A       BOGFW-B       Special Classification       RDP       Student is not eligible         TANF/CalWORKs       Veteran       National Guard Dependent       Parent         GA       BOGFW-C       Medal of Honor       19/11 Dependent       Parent	State an about th informa access The offi prior to federal	nd federal la hemselves. ttion. Failure to records e icials respon January 1, 1 and state la	ws protect an individual's right to p The principal purpose for requestir e to provide such information will de stabilished from information furnish sible for maintaining the informatio 1975. If your college requires you 1 ws, do not discriminate on the basi	rivacy regarding ir ig information on t elay and may ever ed on this form as n contained on thi to provide an SSN s of race, religion,	this form is to detern n prevent your recei is it pertains to them. is form are the finan and you have ques color, national orig	nine your eligibility for finan pt of financial assistance. T cial aid administrators at th stions, you should ask the fi	cial aid. The Chancello This form's information r e institutions to which y nancial aid officer at you	's Office policy and the policy of nay be transmitted to other state ou are applying for financial aid. In college for further information.	the community or agencies and the The SSN may be The Chancellor's	blege to which federal govern used to verify y Office and the	you are applying ment if required your identity und California comm	ofor aid autho by law. Indivi er record keep nunity colleges	prize maintenance iduals have the ri ping systems esta s, in compliance v	e of this ight of ablished with
BOGFW-A       BOGFW-B       Special Classification       RDP       Student is not eligible         TANF/CalWORKs       Veteran       National Guard Dependent       Parent         GA       BOGFW-C       Medal of Honor       19/11 Dependent         SSI/SSP       D       D	urected			an you are applyin	ıy.									 1
GA BOGFW-C Medal of Honor D9/11 Dependent			BOGFW-A		BOGFW-B	Special						Student is r	not eligible	1
BOGFW-C Medal of Honor Ug/11 Dependent									□Parent					
					BOGFW-C									

Date:

Comments:	