California Community Colleges 2017-18 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, and for homeless youth as determined by the Financial Aid Office. If you have not had your California residency or eligibility status determined by the Admissions or the Registrar or homeless status determined by the Financial Aid Office, see one of those offices to obtain the determination. Fee waiver eligibility cannot be determined until your status has been verified.

| your status has been verified. | ,, | | | , , |
|--|--|---|---|---|
| Has the Admissions or Registrar's On If no, has the Admissions or Registrar If no, has the Admissions or Registra United States with a "T" or "U" visa (in Code)? Has the Financial Aid Office verified that "Yes" and contact the Financial | ar's Office determined that you are ar's Office determined that you are mmigration status under Section 1 that you have been without a resic | eligible for a non-resident tuition eligible for a non-resident tuition 1101(a)(15)(T)(i) or (ii), or Section | n exemption as an AB 540 n exemption granted as a n1101 (a)(15)(U)(i) or (ii), | result of you residing in the of Title 8 of the United States Yes No |
| check "Yes" and contact the Financia | II Ald Oπice. | | | |
| Name: | | Studer | nt ID # | |
| Last | First | Middle Initial | | |
| Email (if available): | | I elephone Number: (|) | |
| Home Address: | | Da | ate of Birth:/_ | / |
| Street IMPLEMENTATION OF THE CALIF | City | Zip Code | | |
| The California Domestic Partner Rights with the California Secretary of State ur be treated as an Independent married a partner. If you are a dependent student with married parents and income and h Note: These provisions apply to state Are you or your parent in a Registered parent are separated from a Registered Office.) If you answered "Yes" to the question and household information or your parent in a Registered and household information or your parent in the parent in t | nder Section 297 of the Family Code student to determine Enrollment Fee and your parent is in a Registered I ousehold information will be required e student financial aid ONLY, and Domestic Partnership with the Califed Domestic Partner but have NOT Floor above, treat the Registered Domestic Post of the Registered Domestic Partner but have NOT Floor above, treat the Registered Domestic Partner but have NOT Floor above, treat the Registered Domestic Partner but have Not Partner but have No | . If you are in a Registered Domes Waiver eligibility and will need to pomestic Partnership, or legal samed for the parent's domestic partner, not to federal student financial a mia Secretary of State under Section LED a Notice of Termination of Domestic Partner as a spouse. You a | stic Partnership (RDP), or lo provide income and houselt e sex marriage, you will be said. ion 297 of the Family Code mestic Partnership with the are required to include you | egal same sex marriage, you will nold information for your domestic treated the same as a student ?? (Answer "Yes" if you or your to California Secretary of State's Indomestic partner's income |
| Student Marital Status Single | Married Divorced | Separated □ Widowed □ F | Registered Domestic Pa | rtnership |
| DEPENDENCY STATUS The questions below will determine winformation is needed. If you answer questions, you will be considered a D | "Yes" to ANY of the questions 1-1 | 10 below, you will be considered | an INDEPENDENT stude | ent. If you answer "No" to all |
| 1. Were you born before January 12. As of today, are you married or a termination notice to dissolve parts. Are you a veteran of the U.S. Ar 4. Do you have children who will rewith you (other than your children or | in a Registered Domestic Partner ertnership. Imed Forces or currently serving peceive more than half of their sup | g on active duty for purposes ot oport from you between July 1, | ther than training? 2017- June 30, 2018, c | ☐ Yes ☐ No ☐ Yes ☐ No or other dependents who live th June 30, 2018 |
| 5. At any time since you turned ago | e 13, were both your parents de | ceased, were you in foster care | e, or were you a depend | ☐ Yes ☐ No dent or ward of the court? ☐ Yes ☐ No |
| 6. Are you or were you an emancip 7. Are you or were you in legal gua 8. At any time on or after July 1, 20 was homeless 9. At any time on or after July 1, 20 Housing and Urban Development of 10. At any time on or after July 1, 2 were an unaccompanied youth who | ardianship as determined by a co 216, did your high school or scho 216, did the director of an emerg determine that you were an unac 2016, did the director of a runaw | ourt in your state of legal reside tool district homeless liaison det rency shelter or transitional hou ccompanied youth who was ho ay or homeless youth basic cel | ence? termine that you were a using program funded by meless? nter or transitional living | ☐ Yes ☐ No ☐ Yes ☐ No n unaccompanied youth who ☐ Yes ☐ No y the U.S. Department of ☐ Yes ☐ No |
| ☐ If you answered "Yes" to any of provide income and household inf | • | | | |
| ☐ If you answered "No" to all quest 11. If your parent(s) or his/her RDF exemption by either or both of your 12. Do you live with one or both of | P filed or will file a 2015 U.S. Inc r parents? | ome Tax Return, were you, or | | heir tax return as an le |
| ☐ If you answered "No" to question PARENT(S)/RDP. Please answer q | | | | old information about your |

☐ 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 except this enrollment 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 ENROLLMENT FEE WAIVER 13. Are you (the student ONLY) currently receiving monthly cash assistance for yourself or any dependents from: TANF/CalWORKs? SSI/SSP (Supplemental Security Income/State Supplemental Program)? General Assistance? 14. If you are a dependent student, are your parent(s)/RDP receiving monthly cash assistance from TANF/CalWORKs or SSI/SSP | | | | | | | | | |
|--|--|--|--|---|---|---|--|--|--|
| 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. Submit application and documentation to the financial aid office. | | | | | | | | | |
| METHOD B ENROLLMENT FI 15. DEPENDENT STUDENT: lives with your parent(s)/RDP and 16. INDEPENDENT STUDENT and receives more than 50% of to 17. 2015 Income Information | How many persons are indicated the solution of the solution of the support from you, no heart support from you, no heart support from you, no heart support from you. | % of their support from your par in your household? (Include yo | ents/RDP, now and throug ourself, your spouse/RDP, | h June 30, 2 | 018.) | | | | |
| (Dependent students should not Income information for Q 17, a a. a. Adjusted Gross Income (If 201 Return was filed, enter the amou line 37; 1040A, line 21; 1040EZ, b. All other income (Include ALL 2015 that is not included in line (Disability, child support, military) Workman's Compensation, untage | nd b below.) 15 U.S. Income Tax Int from Form 1040, line 4). money received in In above (such as Iliving allowance, | DEPENDENT STUDE PARENT(S)/RDP INCOME ONLY RDF \$ \$ | STUDENT (& SPO | INDEPENDE USE'S/ INCOME \$ | NT STUI | DENT: | | | |
| TOTAL Income for 2015 (Sum of | | \$ | | \$ | | _ | | | |
| 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 AB 540 students). 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. 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 from the National Guard Adjutant General that you are eligible for a dependent's fee waiver? Submit certification from the National Guard Adjutant General that you are eligible for a dependent's fee waiver? Submit documentation from the Department of Veterans Affairs. 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. 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. 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. 3 | | | | | | | | | |
| Applicant's Signature | | Date Parent Sign | nature (Dependent Stude | nts Only) | Da | nte . | | | |
| CALIFORNIA INFORMATION PRIVACY ACT State and federal laws protect an individual's r aid applicants who are asked to supply informat the policy of the community college to which y assistance. This form's information may be tra on this form as it pertains to them. The officials responsible for maintaining the in identity under record keeping systems establis information. The Chancellor's Office and the C medical condition, sexual orientation, domestic FOR OFFICE USE ONLY BOGFW-A TANF/CalWORKS GA | gipt to privacy regarding information at the privacy regarding information at the privacy or aid authorize mansmitted to other state agencies an formation contained on this form arrived prior to January 1, 1975. If you allifornia community colleges, in coic partnership or any other legally promote by the privacy of a BOGFW-B | n pertaining to oneself. The California Informal purpose for requesting information on this intenance of this information. Failure to provide the federal government if required by law. The the financial aid administrators at the institute recollege requires you to provide an SSN an impliance with federal and state laws, do not otected basis. Inquiries regarding these policities of the provide and the policities of the pol | ation Practices Act of 1977 requires the form is to determine your eligibility for ide such information will delay and multiple information will delay and multiple information will delay and multiple information to which you are applying for fird you have questions, you should ask discriminate on the basis of race, religites may be directed to the financial aid in the properties of the financial aid in the properties of the financial aid in the properties of the financial aid in the financial aid in the properties of the financial aid in the financi | ne following inform r financial aid. The ay even prevent y records establish ancial aid. The State financial aid coon, color, nationad office of the coll | ation be prove Chancellor's bur receipt of ed from information of the control of | vided to financial s Office policy and financial mation furnished sed to verify your college for further ler, age, disability, you are applying. | | | |
| □ SSI/SSP | □ BOGFW-C | | 9/11 Dependent enforcement/fire personnel | | | | | | |
| Comments: | | | | | | | | | |
| Certified by: | | | Date: | | | | | | |
| ceruneu by. | | | | | | | | | |