California Community Colleges 2014-15 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.ed.gov and the **Dream Application** is available at http://www.csac.ca.gov/dream_act.asp. 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 of Registrar's Office. If you have not had your California resident Registrar, please see one of those offices to obtain the valid determination. It status has been verified.	ncy or eligibility status determined by the Admissions or the				
Has the Admissions or Registrar's Office determined that you are a California resident?					
If no, has the Admissions or Registrar's Office determined that you are eligible for a non-resident tuition exemption as an AB 540 student?					
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 your 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: Last First Middle Initial	Student ID #				
Last First Middle Initial Email (if available):	Telephone Number:				
Home Address:	Date of Birth:				
•					
IMPLEMENTATION OF THE CALIFORNIA DOMESTIC PARTNER RIGHTS					
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), 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 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 r	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.					
Student Marital Status Single Married Divorced Separated Widowed Divorced Separated Widowed Divorced	Registered Domestic Partnership				

IND	I whether parental information is needed. If you answer "Yes" to ANY of the questions 1-10 be DEPENDENT student. If you answer "No" to all questions, you will be considered a Dependent ormation and should continue with Question 11.					ntal
1.	Were you born before January 1, 1991?			Yes		No
2.	As of today, are you married or in a Registered Domestic Partnership (RDP)? (Answer "Yes" or have not filed a termination notice to dissolve partnership.	" if you are s	eparate	d but i Yes		vorced No
3.	Are you a veteran of the U.S. Armed Forces or currently serving on active duty for purposes	other than tra	aining?	Yes		No
4.	Do you have children who will receive more than half of their support from you between July dependents who live with you (other than your children or spouse/RDP) who receive more that and through June 30, 2015				т уог	
5.	At any time since you turned age 13, were both your parents deceased, were you in foster ca of the court?	are, or were y	∕ou a de	pende Yes		ward No
6.	Are you or were you an emancipated minor as determined by a court in your state of legal res	sidence?		Yes		No
7.	Are you or were you in legal guardianship as determined by a court in your state of legal residuals.	dence?		Yes		No
8.	At any time on or after July 1, 2013, did your high school or school district homeless liaison de unaccompanied youth who was homeless	letermine tha		ere an Yes		No
9.	At any time on or after July 1, 2013, did the director of an emergency shelter or transitional h Department of Housing and Urban Development determine that you were an unaccompanied				?	U.S. No
10.	At any time on or after July 1, 2013, did the director of a runaway or homeless youth basic ce determine that you were an unaccompanied youth who was homeless or were self-supporting		of being		eless	
• 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.	If your parent(s) or his/her RDP filed or will file a 2013 U.S. Income Tax Return, were you, or as an exemption by either or both of your parents?	•		on the	ir tax No	
12.	Do you live with one or both of your parent(s) and/or his/her RDP?	es 🗖 No				

The questions below will determine whether you are considered a Dependent student or Independent student for fee waiver eligibility

DEPENDENCY STATUS

- 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.
- 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.

13. Are you (the student ONLY) currently receiving monthly cash as	sistance for yourself or any dep	endents from:			
TANF/CalWORKs?	Į	☐ Yes ☐ No			
SSI/SSP (Supplemental Security Income/State Supplement	al Program)?	□ Yes □ No			
General Assistance?	Į	☐ Yes ☐ No			
14. If you are a dependent student, are your parent(s)/RDP receiving a primary source of income?	g monthly cash assistance from	TANF/CalWORKs or SSI/SSP as			
If you answered "Yes" to question 13 or 14 you are eligible for a end of this form. You are required to show current proof of bendaid office.					
METHOD B ENROLLMENT FEE WAIVER					
15. DEPENDENT STUDENT: How many persons are in your parent anyone who lives with your parent(s)/RDP and receives more the June 30, 2015.)					
16. INDEPENDENT STUDENT: How many persons are in your hou lives with you and receives more than 50% of their support from	,				
17. 2013 Income Information	DEDELIDELIZ AZUSZUSZUSZ	INDEDENDENT OF THE			
(Dependent students should not include their income information for Q 17 a and b below.) a. Adjusted Gross Income (If 2013 U.S. Income Tax	DEPENDENT STUDENT: PARENT(S)/ RDP INCOME ONLY	INDEPENDENT STUDENT: STUDENT (& SPOUSE'S/ RDP) INCOME			
Return was filed, enter the amount from Form 1040,	Φ	Φ			
line 37; 1040A, line 21; 1040EZ, line 4). b. All other income (Include ALL money received in	»	\$			
2013 that is not included in line (a) above (such as					
disability, child support, military living allowance, Workman's Compensation, untaxed pensions).	\$	\$			
TOTAL Income for 2013 (Sum of a + b)	Ψ \$	\$ \$			
The Financial Aid Office will review your income and let you know Method B. Submit application and documentation to the financial		LMENT FEE WAIVER under			
If you do not qualify using Method A or Method B, you should fil		or eligible non-citizens) or the			
California Dream Application (for undocumented AB 540 studen	ts). The FAFSA is available a	t www.fafsa.ed.gov and the			
Dream Application is available at http://www.csac.ca.gov/dream	_act.asp . Contact the Financi	iai Aid Office for more information.			
SPECIAL CLASSIFICATIONS ENROLLMENT FEE WAIVERS					
18. Do you have certification from the CA Department of Veterans a Submit certification.	Affairs that you are eligible for a	dependent's fee waiver? Ves No			
19. Do you have certification from the National Guard Adjutant Ger	neral that you are eligible for a d				
Submit certification. 20 Are you eligible as a recipient of the Congressional Medal of Hi	onor or as a child of a recipient?	☐ 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?					
22. Are you eligible as a dependent of a deceased law enforcement		☐ Yes ☐ No led in the line of duty?			
Submit documentation from the public agency employer of		🗖 Ýes 🔲 No			
If you answered "Yes" to any of the questions from 18-22, you perhaps other fee waivers or adjustments. Sign the Certification financial aid office. Contact the Financial Aid Office if you have a sign of the perhaps of the per	tion below. Submit application				

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's 2013 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 info	ormation (please chec	k 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 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. 					
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Applicant's Signature	D	ate	Parent Signature (Depend	ent Students Only)	Date
CALIFORNIA INFORMATION PRI	VACY 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 □ TANF/CalWORKs □ GA	BOGFW-B BOGFW-C BOGFW-C		National Guard Dependent r 9/11 Dependent sed law enforcement/fire	RDP □Student □Parent	Student is not eligible
Comments:					

Board of Governors Fee Waiver Program BOGFW-B 2014-2015 Income Standards*

Family Size	2013 Income
1	\$17,235
2	\$23,265
3	\$29,295
4	\$35,325
5	\$41,355
6	\$47,385
7	\$53,415
8	\$59,445
Each Additional Family	
Member	\$6,030

^{*} These standards are based upon the federal poverty guidelines, as published each year by the US Department of Health and Human Services. Under Title 5 of the California Code of Regulations, the student or student's family must have a total income in the prior year (in this case, 2013) that is equal to or less than 150% of the U.S. Department of Health and Human Services Poverty Guidelines based on family size.

The U.S. Department of Health and Human Services published the 2013 Poverty Guidelines in January 2013 (*Federal Register*, Vol. 78, No. 16, January 24, 2013, pp. 5182-5183). https://federalregister.gov/a/2013-01422

These income standards are for the 2014-2015 academic year and are to be used to determine BOGFW-B eligibility EFFECTIVE July 1, 2014.