## California Community Colleges 2018-19 California College Promise Grant Application

(Formerly known as the Board of Governors Fee Waiver)

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.

Name:			Student ID#		
Last	First	Middle Initial			
Address:	City	Zip Code	_ Date of Birth:		
Email (if available):		Zip Code	Phone #:		
Litiali (li avaliabie).			FHORE #		
Student Marital Status:	□Single □Married □Di	vorced □Separated □Wid	dowed □Registered Do	omestic P	artnership
IMPLEMENTATION OF ASSEMB	3LY BILL 1899: Victims o	of Trafficking, Domestic Vio	lence and other Serious	s Crimes	
AB 1899, chaptered in September of 2 serious crimes". In addition, the legisla postsecondary institutions or the state for and are eligible to receive the Calif	ation allows these students to e of California. Finally, the legi	apply for and, if eligible, receive islation provides that enrollment	financial aid from programs	administer	ed by public
This <b>CALIFORNIA COLLEGE PROP</b> determined by the Admissions or Reg not had your California residency or Aid Office, see one of those offices to been verified.	gistrar's Office, and for Californ eligibility status determined by	nia resident homeless youth as o y the Admissions or the Registra	determined by the Financial ar or homeless status deter	Aid Office. mined by t	. If you have he Financia
Has the Admissions or Registrar's Off	ice determined that you are a	California resident?		□Yes	□No
If no, has the Admissions/Registrar's O	ffice determined you are eligible	e for a non-resident tuition exemp	tion as an AB 540 student?	□Yes	□No
If no, has the Admissions or Registral as a result of you residing in the Unite (ii), or Section1101 (a)(15)(U)(i) or (ii)	ed States with a "T" or "U" visa	a (immigration status under Sect		□Yes	□No
Has the Financial Aid Office verified the If you have been homeless but not ve			homeless)?	□Yes	□No
MPLEMENTATION OF THE CALI	FORNIA DOMESTIC PAR	TNER RIGHTS AND RESPO	NSIBILITIES ACT		
ne California Domestic Partner Rights artnerships registered with the Californ RDP), or legal same sex marriage, you provide income and household inforn artnership, or legal same sex marriage equired for the parent's domestic partnership.	nia Secretary of State under S will be treated as an Indepen nation for your domestic partr e, you will be treated the same	Section 297 of the Family Code. Ident married student to determiner. If you are a dependent stud	If you are in a Registered I ne Enrollment Fee Waiver e ent and your parent is in a	Domestic P ligibility and Registered	Partnership d will need I Domestic
Note: These provisions apply to sta	ate student financial aid ON	LY, and not to federal student	financial aid.		
Are you or your parent in a Registered Family Code? (Answer "Yes" if you or a Notice of Termination of Domestic P	your parent are separated from	om a Registered Domestic Partn		□Yes	⊒No

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.

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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 thereby reporting parental information and should continue with
Questions 11 and 12.

1.	Were you born before January 1, 1995?	□Yes	□No		
2.	As of today, are you married <b>or</b> in a Registered Domestic Partnership (RDP)? (Answer "Yes" if you are separated but not divorced or have not filed a termination notice to dissolve partnership.	□Yes	□No		
3.	Are you a veteran of the U.S. Armed Forces or currently serving on active duty for purposes other than training?	□Yes	□No		
4.	Do you have children who will receive more than half of their support from you between July 1, 2018- June 30, 2019, or other dependents who live with you (other than your children or spouse/RDP) who receive more than half of their support from you, now and through June 30, 2019	□Yes	□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?	□Yes	□No		
6.	Are you or were you an emancipated minor as determined by a court in your state of legal residence?	□Yes	□No		
7.	Are you or were you in legal guardianship as determined by a court in your state of legalresidence?	□Yes	□No		
8.	3. At any time on or after July 1, 2017, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?				
9.	At any time on or after July 1, 2017, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?	□Yes	□No		
10.	At any time on or after July 1, 2017, 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 beinghomeless?	□Yes	□No		
	ou answered "Yes" to any of the questions 1 - 10, you are considered an INDEPENDENT student for enrollment fe must provide income and household information about yourself (and your spouse or RDP if applicable). Skip to				
If y	ou 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 2016 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?	□Yes	□No		
12.	Do you live with one or both of your parent(s) and/or his/her RDP?	□Yes	□No		
	ou answered "No" to questions 1 - 10 and "Yes" to either question 11 or 12, you must provide income and house out your PARENT(S)/RDP. Please answer questions for a DEPENDENT student in the sections that follow.	sehold in	formation		
exc get	ou answered "No" or "Parent(s) will not file" to question 11, and "No" to question 12, <u>you are a dependent stude</u> ept this enrollment fee waiver. You may answer questions as an INDEPENDENT student on the rest of this applica your PARENT information and file a FAFSA so you may be considered for other student aid. You cannot get other parent(s') information.	ition, but	please try to		
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?	□Yes □Yes □Yes	□No		
	If you are a dependent student, are your parent(s)/RDP receiving monthly cash assistance from TANF/CalWORKs r SSI/SSP as a primary source of income?	□Yes	□No		

If you answered "Yes" to question, 13 or 14 you are eligible for a CALIFORNIA COLLEGE PROMISE GRANT. 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.

15.	<b>DEPENDENT STUDENT:</b> How many persons are in your with your parent(s)/RDP and receives more than 50% of the				
16.	INDEPENDENT STUDENT: How many persons are in yo receives more than 50% of their support from you, now and			o lives with	you and
ME	THOD B CALIFORNIA COLLEGE PROMISE GRA	NT QUESTIONS			
(De	2016 Income Information pendent students should not include their own ome information for question 17, a and b below.)	DEPENDENT STUDENT: PARENT(S)/RDP INCOME ONLY	INDEPENDENT ST STUDENT & (SPOU		P) INCOME
a.	Adjusted Gross Income (If 2016 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4).	\$	\$		
b.	All other income (Include <b>ALL money</b> received in 2016 that is not included in line (a) above (such as Disability, child support, military living allowance, Workman's Compensation, untaxed pensions.)	\$	\$		
	TOTAL Income for 2016 (Sum of a + b)	\$	\$		
Арр	ou do not qualify using <b>Method A or Method B</b> , you stablication (for undocumented AB 540 students). The Financial Aid Office for the stable of the stable o	FAFSA is available at www.fafsa.gov			
SP	ECIAL CLASSIFICATIONS ENROLLMENT Fee W	aivers			
18.	Do you have certification from the CA Department of Vet <i>Submit certification</i> .	erans Affairs that you are eligible for a de	ependent's fee waiver?	□Yes	□No
19.	Do you have certification from the National Guard Adjuta <i>Submit certification</i> .	nt General that you are eligible for a dep	endent's fee waiver?	□Yes	□No
20.	Are you eligible as a recipient of the Congressional Med- Submit documentation from the Department of Veter			□Yes	□No
21.	Are you eligible as a dependent of a victim of the Septen Submit documentation from the CA Victim Compens			□Yes	□No
22.	Are you eligible as a dependent of a deceased law enfor Submit documentation from the public agency employed		in theline of duty?	□Yes	□No
othe	u answered "Yes" to any of the questions from 18-22, r aid or adjustments. Sign the Certification below. Sul ncial Aid Office if you have questions.				

## 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.

## 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 2016 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 inf	ormation (please ch	eck each box):						
room and board exp the form of Cal Gran  I may apply for and ro (certificate, associate	penses). By completints, Pell and other graphetes. Pell and other graphetes because the degree or transfer).	ng the FAFSA or the Califo ants, work-study and other stance if I am enrolled, eith	er full time or part time, in an eligibl	financial assistance				
☐ Financial aid progra	m information and ap	oplication assistance is ava	ilable in the college financial aid off	fice.				
Applicant's Signature	Applicant's Signature Date Parent Signature (Dependent Students Only) Date							
FOR OFFICE USE ONL	Υ							
□ BOGFW-A	□ CCPG-B	□ Special Classification		RDP	☐ Student is not			
			□National Guard Dependent □9/11 Dependent law enforcement/fire personnel	☐ Student ☐ Parent	eligible			
Comments:								
Certified by:			Date:					