

# Fee Waiver Application 2009-10

California Community College  
Board of Governors Fee Waiver Application  
Summer 2009, Fall 2009, Spring 2010

Columbia College Financial Aid Office  
11600 Columbia College Dr.,  
Sonora, CA 95370  
Telephone (209) 588-5105  
Fax (209) 588-5391

This is an application to waive your enrollment fees only. This fee waiver is for California residents only. If you need money to help with book supplies, food, rent, transportation and other costs, please complete a Free Application for Federal Student Aid (FAFSA). The FAFSA is available at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). If you need assistance, please see the Financial Aid Office

Name: \_\_\_\_\_ Social Security or Student ID# \_\_\_\_\_

Last First MI

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the Admissions and Records Office determined that you are a California resident?.....  Yes  No

Note: Students who are exempted from paying nonresident tuition under Ed Code Section 68130.5 (AB540) are not CA residents. If you are not a CA resident you are not eligible for this fee waiver. Do not complete this application.

## THE CALIFORNIA DOMESTIC PARTNER RIGHTS AND RESPONSIBILITIES ACT

The California Domestic Partner Rights and Responsibility 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 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.

**\*THESE PROVISIONS APPLY TO STATE FUNDED STUDENT FINANCIAL AID ONLY & 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 States Office.) .....  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.

Student Marital Status: .....  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. If you answer "No" to all questions 1-10, you will be considered a DEPENDENT student and are required to report parental information and should continue with Question 11. **\*\*ONCE YOU HAVE PROVIDED A "YES" ANSWER TO ANY OF QUESTIONS 1-10 YOU ARE CONSIDERED AN INDEPENDENT AND MAY SKIP AHEAD TO QUESTION 13.\*\***

1. Were you born before January 1, 1986? Date of birth.....  Yes  No
2. As of today, are you married or in a Registered Domestic Partnership (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 receive more than half of their support from you, or other dependents who live with you (other than your children and spouse/RDP) who receive more than half of their support from you, now and through June 30, 2010.....  Yes  No
5. When you were age 13 or older, were both your parents deceased, or were you in foster care or a dependent / ward of the court? .....  Yes  No
6. As of today, are you an emancipated minor as determined by a court in your state of legal residence?.....  Yes  No
7. As of today, are you in legal guardianship as determined by a court in your state of legal residence?.....  Yes  No
8. At any time on or after July 1, 2008, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?.....  Yes  No
9. At any time on or after July 1, 2008, did the director of an emergency shelter program funded by the U.S Dept. of Housing & Urban Development determine that you were an unaccompanied youth who was homeless?.....  Yes  No
10. At any time on or after July 1, 2008, 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?.....  Yes  No

If you answered "yes" to any of questions 1-10, you are considered an INDEPENDENT student for enrollment fee waiver 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 2008 U.S. Income Tax Return, were you, or will you be claimed on their tax return as an exemption by either or both of parents.....  Will not file  Yes  No
12. Do you live with one or both of your parent(s) and/or his/her RDP?.....  Yes  No

**\*\*If you answered "no" to questions 1-10 & "yes" to either question 11 or 12, you must provide income and household information about your parent/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 may answer questions as an independent student on the remainder of this form. For Federal financial aid you will be considered a dependent student.**

**METHOD A**

13. Are you (the student) currently receiving cash assistance from: TANF/CalWorks? ...  Yes  No  
 SSI/SSP (Supplemental Security Income/State Supplemental Program)?.....  Yes  No  
 General Assistance? .....  Yes  No
14. If you are a dependent student, are your parent(s)/RDP receiving cash assistance from: TANF/CalWORKs or SSI/SSP as their primary source of income? .....  Yes  No

Proof of benefits must be provided such as your medical card

**METHOD B**

**15. HOUSEHOLD INFORMATION:**

**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 parent(s)/RDP, now and through June 30, 2010. \_\_\_\_\_

**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, 2010. \_\_\_\_\_

**16. 2008 INCOME INFORMATION**

	DEPENDENT STUDENT: PARENT(S)/ RDP ANNUAL INCOME ONLY	INDEPENDENT STUDENT: (& SPOUSE'S/ RDP) ANNUAL INCOME
a. <b>Adjusted Gross Income</b> (If 2008 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4. Also do not include a dependent students income)	\$ _____	\$ _____
b. <b>All other income</b> (Include ALL money received in 2008 that is not included in line (a) above (such as disability, child support, military living allowance, Workman's Compensation, untaxed pensions. Do not include a dependent students income).	\$ _____	\$ _____
<b>TOTAL Income for 2008 (Sum of a + b)</b>	\$ _____	\$ _____

**SPECIAL CLASSIFICATIONS**

17. Are you certified by the California Department of Veterans Affairs or the National Guard Adjutant General that you are eligible for a dependent's fee waiver? .....  Yes  No  
*(Submit Certification to the Columbia College Veterans Office)*
18. Are you a recipient of the Congressional Medal of Honor or a child of a recipient, or a dependent of a victim of the September 11, 2001 terrorist attack? .....  Yes  No  
*(Submit documentation from the Dept of Veterans Affairs or the CA Victim compensation & Government Claims Board.)*
19. Are you eligible as a dependent of a deceased law enforcement / fire suppression personnel killed in the line of duty? .....  Yes  No  
*(Submit documentation from the public agency employer of record and income information.)*

**\*\*IF YOU ANSWERED "YES" TO ANY OF QUESTIONS 17-19, YOU ARE ELIGIBLE FOR AN ENROLLMENT FEE WAIVER AND PERHAPS OTHER FEE WAIVERS OR ADJUSTMENTS. CONTACT THE FINANCIAL AID OFFICE IF YOU HAVE ANY QUESTIONS\*\***

**CERTIFICATION - All applicants must read this statement and sign below.**

I certify that all information on this form is true and complete. If requested, I agree to provide information or proof of income from all sources for my and my spouse/registered domestic partner and/or my parents'/registered domestic partner's. I realize that any false statement or failure to give proof when asked may result in the denial, withdrawal, and/or repayment of my waiver. I authorize release of information from this application between the college, the college district, and the Chancellor's Office of the California Community Colleges. 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 2008 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, 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's Signature (Dependent Students Only)	Date
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**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**

<p><u>BOGW A</u></p> <p><input type="checkbox"/> Student   <input type="checkbox"/> Parent     <input type="checkbox"/> TANF   <input type="checkbox"/> GA   <input type="checkbox"/> SSI/SSD</p> <p>Medi-cal Case Number _____</p> <p>Date of Birth _____ Issue Date _____</p> <p>Primary Aid Code _____ Certified By _____</p> <p>Date _____</p>	<p><u>BOGW B/C</u></p> <p><input type="checkbox"/> BOGW C on Line</p> <p><input type="checkbox"/> Ind   <input type="checkbox"/> Dep</p> <p>Entered By _____</p> <p>Date _____</p>	<p><u>Not Eligible</u></p> <p><input type="checkbox"/> FAFSA filed</p> <p><input type="checkbox"/> N/E Notified by _____</p> <p><input type="checkbox"/> N/E Letter sent _____</p> <p><input type="checkbox"/> Entered By _____</p> <p><input type="checkbox"/> Date _____</p>
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