

• 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 2010 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 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 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.

METHOD A ENROLLMENT FEE WAIVER (MUST BE SOLE INCOME – CURRENT DOCUMENTATION REQUIRED)

13. Are you (the student ONLY) currently receiving monthly cash assistance for yourself or any dependents 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 monthly cash assistance from TANF/CalWORKs or SSI/SSP as a 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. Complete a FAFSA to be eligible for other financial aid opportunities.

METHOD B ENROLLMENT FEE WAIVER

15. **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 parents/RDP, now and through June 30, 2012.) _____
16. **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, 2012.) _____
17. **2010 Income Information**

	DEPENDENT STUDENT: PARENT(S)/ RDP INCOME ONLY	INDEPENDENT STUDENT: STUDENT (& SPOUSE'S/ RDP) INCOME
(Dependent students should not include their income information for Q 17 a and b below.)		
a. Adjusted Gross Income (If 2010 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 ALL money received in 2010 that is not included in line (a) above (such as disability, child support, military living allowance, Workman's Compensation, untaxed pensions).	\$ _____	\$ _____
TOTAL Income for 2010 (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. If you do not qualify using this simple method, you should file a FAFSA.

SPECIAL CLASSIFICATIONS ENROLLMENT FEE WAIVERS (DOCUMENTATION REQUIRED)

18. Do you have certification from the CA Department of Veterans Affairs that you are eligible for a dependent's fee waiver? *Submit certification.* Yes No
19. Do you have certification from the National Guard Adjutant General that you are eligible for a dependent's fee waiver? *Submit certification.* 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? *Submit documentation from the CA Victim Compensation and Government Claims Board.* Yes 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.* Yes No

• 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. Sign the Certification below. Contact the Financial Aid Office if you have questions.

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 2010 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 Signature (Dependent Students Only)

Date

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

<input type="checkbox"/> BOGFW-A <input type="checkbox"/> TANF/CalWORKs <input type="checkbox"/> GA <input type="checkbox"/> SSI/SSP	<input type="checkbox"/> BOGFW-B _____ <input type="checkbox"/> BOGFW-C	<input type="checkbox"/> Special Classification <input type="checkbox"/> Veteran <input type="checkbox"/> Medal of Honor <input type="checkbox"/> Dep. of deceased law enforcement/fire personnel	<input type="checkbox"/> National Guard Dependent <input type="checkbox"/> 9/11 Dependent	RDP <input type="checkbox"/> Student <input type="checkbox"/> Parent	<input type="checkbox"/> Student is not eligible
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Comments: _____

Certified by: _____ Date: _____

Board of Governors Fee Waiver Program

BOGFW-B

2011-2012 Income Standards*

<i>Family Size</i>	<i>2010 Income</i>
1	\$16,245
2	\$21,855
3	\$27,465
4	\$33,075
5	\$38,685
6	\$44,295
7	\$49,905
8	\$55,515
Each Additional Family Member	\$ 5,610

* 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, 2010) that is equal to or less than 150% of the U.S. Department of Health and Human Services Poverty Guidelines based on family size.

Legislation enacted in late 2009 and early 2010 prohibited publication of 2010 poverty guidelines before May 31, 2010, and required that the 2009 poverty guidelines remain in effect until publication of updated guidelines. Legislation to further delay publication of the 2010 guidelines did not pass. The procedure for updating the 2010 guidelines was then modified to take into account the Consumer Price Index (CPI-U) for the period for which this publication was delayed. As a result, the poverty guideline figures for the 2010 remained the same as the 2009 poverty guideline figures.

These standards are for the 2011-2012 academic year and are to be used to determine BOGFW-B eligibility EFFECTIVE July 1, 2011.