This is an application to have your enrollment fees waived. This ENROLLMENT WAIVER is for California residents only.

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) immediately. The FAFSA is available at www.fafsa.ed.gov or at the Financial Aid Office. Contact the Financial Aid Office for more information.

Note: Under the provisions of AB 131, students who are exempt from paying nonresident tuition under Education Code Section 68130.5 (AB 540) will become eligible to participate in the BOG Fee Waiver program on January 1, 2013. A special application form will be created for this purpose. The application will be distributed to financial aid offices on or before the January 1, 2013, eligibility date.

Name: ____________________________________________ Gavilan ID (Required for Processing): G ____________

Mailing Address: __________________________________ City: __________________________ Zip Code: ____________

Email: ____________________________________________ Date of Birth: _______ / _______ / _______

Phone where you can best be reached: (_______) ____________________________

Has the Admissions Office determined you are a California resident?  □ Yes  □ No

IMPLEMENTATION OF THE CALIFORNIA DOMESTIC PARTNER RIGHTS AND RESPONSIBILITIES ACT

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 not to federal student financial aid.

Student Marital Status:

□ Single  □ Married  □ Divorced  □ Separated  □ Widowed

Registered Domestic Partnership 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.

DEPENDENCY STATUS

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 Question 11.

1. Were you born before January 1, 1989?  □ Yes  □ No

2. As of today, are you married or 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?  (If “Yes,” skip to question 13)  □ Yes  □ No

4. Do you have children who will receive more than half of their support from you between July 1, 2012-June 30, 2013, 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, 2013?  □ Yes  □ No
DEPENendency STATUS (Continued)

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 legal residence?  
   □ Yes □ No

8. At any time on or after July 1, 2011, 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, 2011, 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, 2011, 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 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 2011 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.

13. Are you (the student ONLY) currently receiving monthly cash assistance for yourself or any dependents from: 
   TANF/CalWORKs?  
   □ **Yes □ No
   **If you answered “YES,” you are required to provide verification of benefits:
   □ Provide “Notice of Action” dated within the last 3 months which states the amount of TANF/CalWORKs received.

   Supplemental Security Income?  
   □ **Yes □ No
   **If you answered “YES,” you are required to provide verification of benefits:
   □ Provide “Statement from State Supplemental Program” dated within the last 3 months which states the amount of Supplemental Security Income received.

14. If you are a dependent student, are your parent(s)/RDP receiving monthly cash assistance from TANF/CalWORKs or Supplemental Security Income as a primary source of income?  
   □ **Yes □ No
   **If you answered “YES,” you are required to provide verification of benefits:
   □ Provide “Notice of Action” OR “Statement from State Supplemental Program” dated within the last 3 months which states the amount of TANF/CalWORKs OR Supplemental Security Income your parent(s) received.
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, 2013.) __________

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, 2013.) __________

17. **2011 Income Information**

<table>
<thead>
<tr>
<th></th>
<th><strong>DEPENDENT STUDENT:</strong> PARENT(S)/ RDP INCOME ONLY</th>
<th><strong>INDEPENDENT STUDENT:</strong> STUDENT (&amp; SPOUSE’S/ RDP) INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Adjusted Gross Income (If 2011 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4).</td>
<td>$ ___________</td>
<td>$ ___________</td>
</tr>
<tr>
<td>b. All other income (Include <strong>ALL money</strong> received in 2011 that is not included in line (a) above (such as disability, child support, military living allowance, Workman's Compensation, untaxed pensions)).</td>
<td>$ ___________</td>
<td>$ ___________</td>
</tr>
<tr>
<td><strong>TOTAL</strong> Income for 2011 (Sum of a + b)</td>
<td>$ ___________</td>
<td>$ ___________</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Do you have certification from the CA Department of Veterans Affairs that you are eligible for a dependent's fee waiver?</td>
<td>Submit certification.</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>19. Do you have certification from the National Guard Adjutant General that you are eligible for a dependent's fee waiver?</td>
<td>Submit certification.</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>20. Are you eligible as a recipient of the Congressional Medal of Honor or as a child of a recipient?</td>
<td>Submit documentation from the Department of Veterans Affairs.</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>21. Are you eligible as a dependent of a victim of the September 11, 2001, terrorist attack?</td>
<td>Submit documentation from the CA Victim Compensation and Government Claims Board.</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>22. Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty?</td>
<td>Submit documentation from the public agency employer of record.</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

- 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/registered domestic partner’s 2011 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

- ☐ BOGFW-A
  - TANF/CalWORKs (A1)
  - Supplemental Security Income (A2)

- ☐ BOGFW-B

- ☐ Special Classification (A4):
  - CA Dept of VA dependent
  - National Guard dependent
  - Medal of Honor dependent
  - Medal of Honor recipient
  - 9/11 Dependent of victim
  - Dependent of deceased law enforcement/fire personnel

- ☐ RDP
  - Student
  - Parent

- ☐ Student is not eligible due to:
  - ☐ Non-resident
  - ☐ Income exceeds guidelines for Method B
  - ☐ Residency is unknown
  - ☐ Needs to complete Admissions App.
  - ☐ Other:

Certified by: ___________________________ Date: ________________________