CALIFORNIA COLLEGE FEE WAIVER

PLEASE READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY. NO DVS-40 APPLICATION WILL BE PROCESSED IF THE REQUIREMENTS LISTED BELOW ARE NOT MET

NEW INFORMATION
* First time using program with our office OR not submitted previously.
** If available this will speed up processing time.

WITH YOUR APPLICATION WE MUST HAVE THE FOLLOWING:

a. *Birth Certificate – Must show the student and veteran name on it. If the last names are different, then we also need a Marriage Certificate of the Veteran to the parent.

b. Tax information – We need previous year’s tax information, i.e., 2010-2011 = 2009 Taxes for the student.

c. **Veterans’ Service Connected Rating Decision Letter.

d. Email address. Please write in to the left of **School Information on application.

e. Download a new application every year from www.cacvso.org or www.cdva.ca.gov

WE WILL NOT ACCEPT APPLICATIONS OLDER THAN 2008.

New This Year, email forms in PDF form only to: sdcvso.hhsa@sdcounty.ca.gov

REQUIRED DOCUMENTATION AS PROOF OF INCOME FOR STUDENT
NOTE: Currently the combined total of students “ADJUSTED GROSS INCOME (AGI)” PLUS THE “ANNUAL VALUE OF SUPPORT (AVOS)” from parents may not exceed the national poverty level. For academic year 2009-2010 the poverty level is $11,201, for academic year 2010-2011 the poverty level is $11,161.

NOTE: An “academic year” shall commence on the first day and terminate on the last day of an entire academic year, as determined by the institution of higher learning, and to include summer sessions, i.e., generally this covers the Fall of 2010, Spring and Summer 2011. Some schools start in the summer, check with your school Administration Office to determine what your school regulations are.

• IF YOU (THE STUDENT) FILED INCOME TAXES – You may turn in your application as soon as the new poverty level is known. YOU MUST attach a SIGNED COPY of your Federal tax form 1040 or State tax form 540. (Must show “Adjusted Gross Income”).

• IF YOU (THE STUDENT) WERE NOT REQUIRED TO FILE OR DO NOT HAVE YOUR TAX RECORDS YOU MUST obtain a statement from the State Franchise Tax Board, located at 7575 Metropolitan Drive, Suite 201, San Diego, CA 92108

STATEMENTS MUST NOT BE DATED PRIOR TO APRIL 16TH

MAIL, FAX OR BRING APPLICATION AND ADDITIONAL INFORMATION TO VETERANS SERVICE OFFICE AT THE FOLLOWING LOCATION ONLY: County Veterans Service Office, 734 W. Beech Street, Suite 200, San Diego, CA 92101-2441; Phone 619-531-4545 or FAX 619-232-3960 OR you may email forms in PDF form only to: sdcvso.hhsa@sdcounty.ca.gov

MAP ON REVERSE SIDE
Directions to the County Veterans Service Office (CVSO) located at 734 West Beech Street, Suite 200, San Diego CA 92101-2441. These directions bring you to the entrance of our parking lot which is located in the back of our building.

FROM THE NORTH – 163 South to 5 North (Airport Exit) Hawthorne Street exit, 4 blocks to Kettner Boulevard – turn left, 4 blocks just past Cedar Street. OR 5 South to the Front Street/Civic Center exit turn right on Cedar Street and left on Kettner Boulevard. Go past the two 5 Star parking lot entrances, third entrance is our lot with white signs and red letters that say County Controlled Parking turn right.

FROM THE SOUTH – 5 North (Airport Exit) Hawthorne Street exit, 4 blocks to Kettner Boulevard – turn left, 4 blocks just past Cedar Street. Go past the two 5 Star parking lot entrances, third entrance is our lot with white signs and red letters that say County Controlled Parking turn right.

FROM THE EAST – 8 West to 163 South to 5 North (Airport Exit) Hawthorne Street exit, 4 blocks to Kettner Boulevard – turn left, 4 blocks just past Cedar Street. Go past the two 5 Star parking lot entrances, third entrance is our lot with white signs and red letters that say County Controlled Parking turn right.
I. STUDENT INFORMATION

Last Name: ___________________________ First: ___________________________ MI: ___________________________ Social Security Number: ___________ - ___________

Date of Birth: _______/______/_______ Phone #: ( ) ___________ - ___________ Marital Status: □ Married □ Single

Street Address: __________________________________________________________ City: ___________________________ State: _______ Zip: ___________

YOUR relationship to veteran in Section III below: ___________________________ ___________________________

Are YOU (the student) a veteran? □ NO □ YES (if yes, submit a copy of your separation document or DD-214)

HAVE YOU APPLIED FOR THIS BENEFIT BEFORE? □ YES □ NO

ARE YOU CURRENTLY A RESIDENT OF CALIFORNIA? □ YES □ NO

ARE YOU receiving, OR ARE YOU CURRENTLY eligible to receive VA EDUCATIONAL BENEFITS UNDER CHAPTER 35? □ YES □ NO

ADJUSTED GROSS INCOME (AGI) of student from last year (January 1st through December 31st): $ ___________________________ *NOTE: Refer to “HOW TO APPLY” on the reverse for required statements.

ANNUAL VALUE OF SUPPORT (housing assistance, transportation, books and supplies) received from a parent: $ ___________________________ *NOTE: Under Plan B, the total amount of the child’s income and value of support, as listed above, cannot exceed the "national poverty level" as published by the U.S. Census Bureau on December 31st of last year.

EMAIL: ____________________________________________________________

II. SCHOOL INFORMATION

CALIFORNIA COLLEGE or UNIVERSITY you are attending or plan to attend: ____________________________________________________________

ACADEMIC YEAR for which you are requesting waiver of tuition/fees: ____________________________________________________________

III. VETERAN INFORMATION

Name served under: Last Name: ___________________________ First: ___________________________ MI: ___________________________

Street Address: __________________________________________________________ City: ___________________________ State: _______ Zip: ___________

Telephone Number: ( ) _______ - _______ Branch of Service: ___________________________ Service Number: ___________________________

Date of Birth: _______/______/_______ Date of Death (if applicable): _______/______/_______ SSN#: ___________________________ - _______ - _______

Dates of Active Duty service FROM: ___________________________ UNTIL: ___________________________ VA Claim #: ___________________________

If the veteran is alive, current percentage of service-connected disability adjudicated by the military or USDVA: _______%

If the veteran is deceased, was the death "service-connected," or did the veteran have a service-connected disability at the time of death? □ YES □ NO

I hereby certify under penalty of perjury that the information contained in this application and supporting documents is given for the purpose of obtaining educational benefits and is true, correct and complete. I authorize the California Department of Veterans Affairs (CDVA) employees, officers, and designees to verify these documents. I hereby authorize the U.S. Department of Veterans Affairs, Department of Defense, and/or the Franchise Tax Board, to release information regarding the above service-connected disability rating and/or income to CDVA with the understanding that the department will keep such information confidential. Further, I understand that educational benefits may be denied if any information is found to be incomplete or inaccurate.

Signature of VETERAN (or Parent if Veteran not available): ____________________________________________________________ Date: _______ / _______ / _______

(If the Veteran is unable to sign, a statement as to why the veteran is unavailable must be attached)

Signature of STUDENT: ____________________________________________________________ Date: _______ / _______ / _______

DVS 40 (Rev. 9/12/08)

HONORING CALIFORNIA'S VETERANS
WHAT ARE THE BENEFITS:
Waiver of all mandatory system wide tuition and fees at any State of California Community College, Campus of the University of California, or Campus of the California State University system. The waiver of fees is applicable only at these Colleges. Nothing shall prevent the above institutions from charging nonresident fees.

WHO MAY APPLY:

1 - Students must meet California residency requirements according to the school they will attend. The colleges will make final residency determinations.

2 - Students who meet the requirements of at least one of the following plans:

PLAN A: The spouse, child or unmarried surviving spouse or registered domestic partner (RDP) of a veteran who is totally service-connected disabled or who has died of service-related causes, may qualify. The veteran must have served during a “qualifying war period.” This program does not have an income limit. A child must be under 27 years of age to receive the fee waiver benefit. The age limit is extended to 30 years of age if the child is a veteran. There are no age limits for a spouse, surviving spouse or RDP. *Note: a dependent cannot receive this benefit if they are in receipt of VA Chapter 35 benefits.

OR,

PLAN B: The child (no age limit) of a veteran who has a service-connected disability, or had a service-connected disability at the time of death, or who died of service-related causes, may also qualify for a waiver of fees. The child’s income, which includes the student’s ADJUSTED GROSS INCOME, PLUS THE VALUE OF SUPPORT provided by a parent, cannot exceed the “national poverty level” as published by the U.S. Census Bureau on December 31st of last year. *NOTE: This figure changes annually. To obtain the applicable national poverty level, contact your local County Veterans Service Office (CVSO). See “Where to apply” below.

NOTE: (1) Similar benefits may be available to Medal of Honor recipients, their children, and the dependents/survivors of a member of the California National Guard who was killed or permanently disabled while in service to the state. (2) Benefits under the above plans may be available to certain dependents/survivors of veterans who have a California “Certificate of Registered Domestic Partnership.”

HOW TO APPLY:

(1) This form must be fully completed, signed by the student and the veteran (or parent, but you must explain why the veteran is not available), and all questions must be answered. If a question does not apply, write "N/A". If neither parent is available to sign, please attach an explanation.

(2) A Child, under PLAN B, must submit either a copy of their federal income tax form 1040 or state income tax form 540, from "Last Year" or, if a child does not have a copy of their income tax, or if a child did not file a return, they must submit a statement from the Internal Revenue Service or the Franchise Tax Board which must verify the amount of adjusted gross income or the fact that a return was not filed. **NOTE**: Current academic year entitlement is based upon last year's adjusted gross income and value of support. i.e.: If applying for benefits for academic year 2007-2008, the total amount of your reported adjusted gross income and value of support from calendar year 2006 will be used to determine eligibility.

(3) If you are a "child" of a veteran, you must attach a Verification of Dependency. Acceptable verifications include a Birth Certificate, Adoption Records, Court Order, or other Governmental Documents.

WHEN TO APPLY:
Always try to apply for these benefits prior to attending school. Benefits are awarded on an academic year basis and students are required to reapply each year for ongoing benefits. NOTE: The earliest effective date fee waiver benefits may be awarded is the first day of the academic year in which an application is received.

WHERE TO APPLY:
To obtain applications, information and to apply for benefits under this program, contact your local County Veterans Service Office (located in the "Government Listings" section of your telephone book under "County Government Offices"), or on their website at: www.cavso.org.

YOU MAY BE ENTITLED TO ADDITIONAL VETERANS BENEFITS
TO FIND OUT MORE ABOUT THE BENEFITS YOU HAVE EARNED, VISIT OUR WEBSITE AT: www.edva.ca.gov

PRIVACY NOTICE
The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is voluntary and will be used for the purposes of identification and to determine eligibility for benefits under the provisions of the Military and Veterans Code, Sections 890 through 899 and 980 and Education Code, Section 66025.3 (previously 32320). The program is administered by: Chief, Veterans Services Division, 1227 "O" Street, Sacramento, CA 95814, phone (916) 653-2573. Failure to provide requested information may result in the denial of benefits. Individuals may review available personal records during normal business hours. Appeals of denied benefits shall be filed with the Chief, Veterans Services Division (note address above). Appeals must be in writing, stating the reasons you feel the benefits should be granted, and filed within 90 days after the date of the "letter of denial."