APPLICATION - Spring 2009

Name:_________________________________  Gavilan ID #: G00______________________
Address:_________________________________  Phone: (______) __________-____________
City:___________________________________  Cell Phone:___________________________
Zip Code:_______________________________  Email:_______________________________

* Attach your high school transcript (must include senior year coursework.) *

I would like to transfer to: _____California State University  _____ University of California
_____ Private College/University  _____ Not sure which system

Are you working while attending college? ___Yes (# of hours per week _____)             ____No
Are you eligible for financial aid? _____Yes            _____No              _____ Don’t Know
High School Graduate? _____Yes             _____No            _____GED              Year Graduated:_______________

Name of High School:________________________________________   City:______________________  State:______
Major:___________________________________________           Currently Undecided:__________________________

Please describe why you want to be part of the Transfer Institute:
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

For office use only                     College Level: English 1A and Transfer Level Math:
Placement/Assessment Scores: _________Reading          __________Writing        ___________Math

Intent to Register:
I agree to make a full commitment to the Transfer Institute. This commitment includes the following:
  □ Sign a Transfer Institute agreement by February, 2009.
  □ Meet with a counselor three times per semester.
  □ Participate in Transfer Institute activities.

Student Signature:_________________________ Date:_________________________
## Program and Majors

<table>
<thead>
<tr>
<th>Administration of Justice</th>
<th>Computer Science &amp; Info Systems</th>
<th>Language Arts &amp; Humanities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law Enforcement</td>
<td>Business Computer Applications</td>
<td>Natural Science</td>
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<tr>
<td>Academy</td>
<td>Hardware &amp; Networking</td>
<td>Social Science</td>
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<tr>
<td>Corrections</td>
<td>Programming for the Internet</td>
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<td>Comp Prep for Bioinformatics</td>
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<td>Telecom Network Cabling</td>
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<td>UNIX Operating System</td>
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<td>Web Page Production</td>
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<tr>
<td>Allied Health</td>
<td>Fine and Performing Arts</td>
<td>Media Arts</td>
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<tr>
<td>Registered Nursing</td>
<td>Art, General</td>
<td>Digital Media</td>
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<tr>
<td>Vocational Nursing</td>
<td>Fine Arts</td>
<td>Media Arts</td>
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<td>Music, General</td>
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<td>Theatre Arts</td>
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<td></td>
<td>Technical Theatre</td>
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<td></td>
<td>Television</td>
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<tr>
<td>Business</td>
<td>General Education Pattern</td>
<td>Sciences</td>
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<td>Accounting</td>
<td>CSU - General Ed</td>
<td>Biological Science</td>
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<tr>
<td>Economics</td>
<td>IGETC - General Ed Transfer</td>
<td>Physical Science &amp; Engineering</td>
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<tr>
<td>General Business</td>
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<td>Mathematics</td>
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<tr>
<td>General Office</td>
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<td>Physical Education</td>
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<td>Marketing/Management</td>
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<td>Education/Sports Medicine</td>
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<td>Medical Office</td>
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<td>Health Science</td>
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<td>Real Estate</td>
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<td>Child Development &amp; Education</td>
<td></td>
<td>Social Sciences</td>
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<td>Child Development &amp; Education</td>
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<td>Social Science, General</td>
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<td>Pre K-12 Special Ed Aide</td>
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<tr>
<td>Communication</td>
<td>Letters</td>
<td>Spanish</td>
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<tr>
<td>Communications, General</td>
<td>English as a 2nd Language</td>
<td>Spanish</td>
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<tr>
<td>Interpersonal Communication</td>
<td>Language Arts</td>
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<tr>
<td>Computer Graphics &amp; Design</td>
<td>Liberal Arts - A.A. Degree</td>
<td>Technical Trades</td>
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<tr>
<td>Computer Graphics &amp; Design</td>
<td>Areas of Emphasis Include:</td>
<td>Aviation Maintenance</td>
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<td></td>
<td>Administration of Justice</td>
<td>Airframe</td>
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<td>Business</td>
<td>Powerplant</td>
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<td></td>
<td>Computer Science &amp; Info Systems</td>
<td>Cosmetology/Esthetician</td>
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<td>Elementary Education</td>
<td>Industrial Technology</td>
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<td>Computer Science</td>
<td>Special Careers</td>
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<td>&amp; Info Systems</td>
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## Educational Support Services for Students with Disabilities

If you would like to be contacted regarding supportive services complete this form and return it to the Disability Resource Center or the Admissions and Records Office at Gavilan College. For more information on available services, contact the Disability Resource Center at 408 848 4865.

**Name**

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<th>Last</th>
<th>First</th>
<th>Middle</th>
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</table>

**Address**

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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone</th>
</tr>
</thead>
</table>

Check any of the following that currently apply:

- [ ] Hearing
- [ ] Head Injury
- [ ] Visual
- [ ] Speech
- [ ] Developmentally Delayed
- [ ] Learning Disabled
- [ ] Other Physical
- [ ] Psychological Impairment
- [ ] Mobility
This is an application to have your enrollment fees waived. This FEE WAIVER is for California residents only.

**Note:** Students who are exempted from paying nonresident tuition under Education Code Section 68130.5 (AB 540) are NOT California residents. If you are NOT a California resident you are not eligible for this fee waiver. Do not complete this application. You may apply for financial aid by completing the FAFSA.

**IMPLEMENTATION OF THE CALIFORNIA DOMESTIC PARTNER RIGHTS AND RESPONSIBILITIES ACT**

The California Domestic Partner Rights and Responsibilities 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 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 new provisions apply to state funded student financial aid ONLY, and not to federal student financial aid.

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 3, 6, 7, 8, 9, 10, 11, 12.

**Student Marital Status:**
- Single
- Married
- Divorced
- Separated
- Widowed
- Registered Domestic Partnership

**DEPENDENCY STATUS**

1. Were you born before January 1, 1985?
   - 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. 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, 2009.
   - Yes
   - No

4. Are (a) both of your parents deceased or (b) are you (or were you until age 18) a ward/dependent of the court?
   - Yes
   - No

5. Are you a veteran of the U.S. Armed Forces or currently serving on active duty for purposes other than training?
   - Yes
   - No

- If you answered “Yes” to any of the questions 1 - 5, 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 #8.

- If you answered “No” to all questions 1 - 5, complete the following questions:

6. If your parent(s) or his/her RDP filed or will file a 2007 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

7. 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 - 5 and “Yes” to either question 6 or 7, 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 6, and “No” to question 7, 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 without your parent(s) information.

**METHOD A ENROLLMENT FEE WAIVER**

8. 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
   - No

9. 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 8 or 9 you are eligible for a 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

10. 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, 2009.)

11. 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, 2009.)

12. 2007 Income Information

<table>
<thead>
<tr>
<th>DEPENDENT STUDENT: PARENT(S)/ RDP INCOME</th>
<th>INDEPENDENT STUDENT: STUDENT (&amp; SPOUSE’S/ RDP) INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ ______________________</td>
<td>$ ______________________</td>
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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

13. Do you have certification from the CA Department of Veterans Affairs that you are eligible for a dependent’s fee waiver? Submit certification.

14. Do you have certification from the National Guard Adjutant General that you are eligible for a dependent’s fee waiver? Submit certification.

15. 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.

16. 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.

17. 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.

If you answered “Yes” to any of the questions from 13-17, you are eligible for an ENROLLMENT FEE WAIVER and perhaps other fee waivers or adjustments. Sign the Certification at the 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 2007 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.

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
☐ GA
☐ SSI/SSP
☐ BOGFW-B
☐ BOGFW-C
☐ Special Classification
☐ Veteran
☐ National Guard Dep
☐ Medal of Honor
☐ 9/11 Dependent
☐ Dep. of deceased law enforcement/fire personnel
☐ RDP
☐ Student
☐ Parent
☐ Not eligible due to:
☐ Non CA resident

Certified by: ___________________________ Date: ___________________________