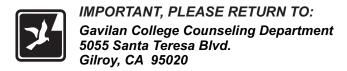


~ Program is for 1st time college freshmen ONLY ~

APPLICATION - Spring 2009

Name:	Gavilan ID #: G00
Address:	Phone: (
City:	Cell Phone:
Zip Code:	Email:
* Attach your high school trans	cript (must include senior year coursework.) *
I would like to transfer to:California State Univers	sity University of California
Private College/Univ	versity Not sure which system
Are you working while attending college?Yes (# c	of hours per week)No
Are you eligible for financial aid?Yes	No Don't Know
High School Graduate?YesN	NoGED Year Graduated:
~ Program is for 1	st time college freshmen ONLY ~
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	n 1A and Transfer Level Math:
Placement/Assessment Scores:Reading	WritingMath
Intent to Register: I agree to make a full commitment to the Transfer Inst □ Sign a Transfer Institute agreement by Febr □ Meet with a counselor three times per seme □ Participate in Transfer Institute activities.	ruary, 2009.
Student Signature:	Date:



Program and Majors

Administration of Justice

Law Enforcement Academy Corrections

Allied Health

Registered Nursing **Vocational Nursing**

Business

Accounting **Economics General Business** General Office Marketing/Management Medical Office Real Estate

Child Development & Education

Child Development & Education Pre K-12 Special Ed Aide

Communication

Communications, General Interpersonal Communication

Computer Graphics & Design

Computer Graphics & Design

Computer Science & Info Systems

Business Computer Applications Hardware & Networking Programming for the Internet Comp Prep for Bioinformatics Telecom Network Cabling **UNIX Operating System** Web Page Production

Fine and Performing Arts

Art, General Fine Arts Music, General Theatre Arts **Technical Theatre** Television

General Education Pattern

CSU - General Ed IGETC - General Ed Transfer

Letters

English as a 2nd Language Language Arts

Liberal Arts - A.A. Degree

Areas of Emphasis Include: Administration of Justice Business Computer Science & Info Systems Elementary Education **Expressive Arts**

Language Arts & Humanities Natural Science

Social Science

Media Arts

Digital Media Media Arts

Sciences

Biological Science Physical Science & Engineering Mathematics Physical Education Education/Sports Medicine Health Science

Social Sciences

Social Science, General

Spanish

Spanish

Technical Trades

Airframe Powerplant Cosmetology/Esthetician Industrial Technology **Special Careers**

Aviation Maintenance

Gavilan College

Office of Admissions and Records 5055 Santa Teresa Blvd Gilroy CA 95020 www.gavilan.edu 408 848 4735 fax 408 846 4940

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 infor-

,	able services, contact			0	
Name					
	Last	Firs	nt .	Middle	e
Address					
	Street				
				Phone	
City	State		Zip Code		
Check any of the	e following that currer	itly apply:			
Hearing	Head Injury	Visual	Speech	Developn	nentally Delayed
Learning	DisabledOt	her Physical	Psycholog	ical Impairment	Mobility

Gavilan Joint Community College Board Of Governors Fee Waiver Application (BOG) SUMMER 08, FALL 08, SPRING 09 SESSIONS/SEMESTERS

Processing of this BOG is on hold due to:	

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 finanacial aid by completing the FAFSA

Name:	Last				SSN#				
		First	Middle Initial			,			
Email (if available)					lelephone	e: () _		<u>-</u>	
Home Address: _		City		Zip Code	Date of B	irth:		/19	
	Street	City		Zip Code					
Has the Admission	ons or the Registr	ar's Office deter	mined that y	ou are a Calif	ornia resident?			☐ YES	□ NO
IMPLEMENTATION	OF THE CALIFORN	IIA DOMESTIC PAF	RTNER RIGHT	S AND RESPO	NSIBILITIES ACT				
registered with the C Independent married If you are a depende household information	estic Partner Rights a alifornia Secretary of student to determine nt student and your p n will be required for t	State under Section eligibility for this Eni arent is in a Register the parent's domesti	297 of the Fam rollment Fee Wored Domestic Popartner.	illy Code. If you aiver and will nee artnership, you v	are in a Registered ed to provide incom vill be treated the sa	Domestic Pa e and househ ame as a stud	rtnership (R old informa ent with ma	RDP), you will b tion for your do	e treated as an mestic partner.
	provisions apply to			•					
Are you or your paren are separated from a	t in a Registered Dom Registered Domestic	estic Partnership with Partner but have N	n the California in the Califo	Secretary of State otice of Termination	e under Section 297 on of Domestic Pari	of the Family Inership with t	Code? (An he Californi	swer "Yes" if yo a Secretary of ☐ Yes	u or your parent State's Office.) No
	" to the question above arent's domestic partr						domestic pa		
Student Marital St	atus: 🛚 Single	☐ Married ☐	Divorced	☐ Separated	☐ Widowed	☐ Registe	red Dome	stic Partners	hip
DEPENDENCY STAT	US								
1. Were you bo	rn before January 1, 1	985?						☐ Yes	□ No
	are you married or in a olve partnership.)	a Registered Domes	tic Partnership	(RDP)? (Answer	"Yes" if you are se	parated but no	ot divorced	or have not file Yes	d a termination No
receive more	children who receive than half of their sup	port from you, now a	nd through Jun	e 30, 2009.		, ,	than your c	☐ Yes	ouse/RDP) who
	of your parents decea		-					☐ Yes	□ No
•	teran of the U.S. Arme					•		☐ Yes	□ No
income and ho	d "Yes" to any of the usehold information d "No" to all questio	about yourself (an	d your spouse	e or RDP if appl	NDENT student fo icable). Skip to Q	r enrollment uestion #8.	fee waiver	purposes and	must provide
6. If your paren both of your	t(s) or his/her RDP file parents?	ed or will file a 2007	U.S. Income Ta	ax Return, were y	ou, or will you be o	claimed on the		n as an exempt ot File □ Yes	
7. Do you live w	ith one or both of you	r parent(s) and/or hi	s/her RDP?					☐ Yes	□ No
If you answered RDP. Please at	I "No" to questions on the same of the sam	1 - 5 and "Yes" to e a DEPENDENT stu	ither question dent in the sec	6 or 7, you mus	st provide income	and househo	old informa	tion about you	ur PARENT(S)/
 If you answered fee waiver. You 	"No" or "Parent(s) we may answer question may be considered	vill not file" to ques ons as an INDEPEN	tion 6, and "No DENT student	o" to question 7, on the rest of th	you are a depend nis application, bu	t please try to	get your l	PARENT inform	
METHOD A ENROLL	MENT FEE WAIVER								
8. Are you (the student ONLY) cu	rrently receiving mor	nthly cash assis	tance for vourse	If or any dependent	s from:			
• •	CalWORKs?	, , ,	,	,	, ,		☐ Yes	□ No	
	P (Supplemental Sec	urity Income/State S	upplemental Pr	rogram)?			Yes	□ No	
	al Assistance?			a			Yes	□ No ·	
9. If you are	a dependent student	, are your parent(s)/f	RDP receiving r	nonthly cash ass	istance from TANF.		r SSI/SSP a ⊒ Yes	as a primary so No	urce of income?



• 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.

METHO	B ENROLLMENT	FEE WAIVER						
10.	DEPENDENT STU parent(s)/RDP and	JDENT: How many pers	ons are in your parent(s)/RDP of their support from your par	household? (Include yourself, ents/RDP), now and through J	your parent(s)/RDP, a une 30, 2009.)	nd anyone who live:	s with your	
11.	INDEPENDENT S than 50% of their s	TUDENT: How many per support from you, now an	sons are in your household? (I d through June 30, 2009.)	nclude yourself, your spouse/R 	DP, and anyone who liv	es with you and rec	eives more	
12.	2007 Income Info			DEPENDENT STUDENT: PARENT(S)/ RDP INCOME		INDEPENDENT STUDENT: STUDENT (& SPOUSE'S/ RDP) INCOME		
	was filed,	Gross Income (If 2007 U.S enter the amount from le 21; 1040EZ, line 4).		\$	\$_			
	is not inc	ncome (Include ALL mo luded in line (a) above (Social Security, child sup	such as TANF benefits,	\$	\$_			
	TOTAL In	come for 2007 (Sum of a	+ b)	\$	\$			
			and let you know if you quoon	alify for an ENROLLMENT F	EE WAIVER under M	lethod B.		
SPECIAL	_ CLASSIFICATIOI	NS ENROLLMENT FEE	WAIVERS					
13. I	Do you have certific	ation from the CA Depart	ment of Veterans Affairs that y	ou are eligible for a dependen	t's fee waiver? Submit	certification. Yes	□ No	
				u are eligible for a dependent's				
			sional Medal of Honor or as a	child of a recipient?		□ Voo	□ No	
		on from the Department o		wist attack?		☐ Yes	⊔ No	
			the September 11, 2001 terron Suppensation and Government Co			☐ Yes	□ No	
		a dependent of a decease on from the public agency		ession personnel killed in the li	ne of duty?	☐ Yes	□ No	
			I3-17, you are eligible for an E I Aid Office if you have questi	NROLLMENT FEE WAIVER an ons.	d perhaps other fee wa	aivers or adjustmen	ts. Sign	
CERTIFIC	CATION FOR ALL	APPLICANTS: READ	THIS STATEMENT AND SIGN	N BELOW				
I agree to domestic withdrawa	provide proof of partner's 2007 U.S	this information, whic S. Income Tax Return(s) t of my waiver. I authorize	h may include a copy of my . I also realize that any false s	rue and complete to the best or and my spouse/registered tatement or failure to give proording this application between	domestic partner and of when asked may be of	id/or my parent's/icause for the denial,	registered reduction,	
Applicant's	Signature		Date	Parent Signature (Dependent St.	udents Only)	Da	ate	
			California Informa	ation Privacy Act				
information your eligit Failure to	on be provided to finar bility for financial aid. I provide such informa	ncial aid applicants who are The Chancellor's Office polic tion will delay and may ever	asked to supply information aboutly and the policy of the community prevent your receipt of financial	to oneself. The California Informa t themselves. The principal purpos y college to which you are applyin assistance. This form's information thed from information furnished or	se for requesting informat g for aid authorize mainte n may be transmitted to o	ion on this form is to c enance of this informat ther state agencies ar	letermine ion.	
SSN may you shoul do not dis	be used to verify you d ask the financial aid criminate on the basis	r identity under record keep officer at your college for fu of race, religion, color, nati	ng systems established prior to J rther information. The Chancellor	ial aid administrators at the institu anuary 1, 1975. If your college rec 's Office and the California comm , medical condition, sexual orienta ge to which you are applying.	quires you to provide an S unity colleges, in complia	SSN and you have que nce with federal and s	estions, tate laws,	
			FOR OFFICE	USE ONLY				
☐ GA	F/CalWORKs	□ BOGFW-B	■ Medal of Honor	I National Guard Dep	RDP Student Parent	☐ Not eligible due ☐ Non CA re		
☐ SSI/	SOF .	□ BOGFW-C	ш рер. or deceased law	enforcement/fire personnel				
Certified	by:			Date:				

