

2008-2009 Board of Governors (BOG) Enrollment Fee Waiver Instruction Page:

California state law requires that all students attending California Community Colleges pay an enrollment fee for classes. At College of the Desert, the Board of Governors (BOG) enrollment fee waiver is a waiver of **enrollment fees only** provided for students who have been California residents for more than one year as determined by College of the Desert's Admissions and Records Office.

A BOG Enrollment Fee Waiver is just one of the financial aid opportunities available to students! If you also complete a 2008-2009 Free Application for Federal Student Aid (FAFSA), you may be eligible to receive a Federal Pell Grant, Federal Work-Study or other federal and state financial assistance to help you meet your educational costs such as books, supplies, transportation, and living expenses.

To qualify for a BOG Fee Waiver, you must be a California resident AND meet any ONE of the following criteria listed below under BOG A, B, or C:

BOG A: You (and your spouse/RDP, if applicable) or your family (if applicable) are currently receiving TANF/CalWORKs; or SSI/SSP (Supplemental Security Income); or General Assistance/General Relief. **If you meet this criterion, you will need to provide proof of TANF/CalWORKs, SSI/SSP or General Relief benefits being received.** If you are considered dependent, you must provide proof of the benefits that your parents receive. **Acceptable documentation includes:**

TANF/CalWORKs and General Assistance/GR -- Please submit **ONE** of the following:

- ◆ Copy of current or last month's check, Notice of Action, or cash issuance receipt
- ◆ Agency Certification Form (completed by DPSS)

SSI/SSP -- Please submit **ONE** of the following:

- ◆ Award letter for current or last month
- ◆ Bank statement showing SSI direct deposit (for current or last month)
- ◆ Agency Certification Form (completed by SSA)

Special Classifications include – questions 13 - 17 on the BOG Enrollment Fee Waiver application:

- **Veterans Dependent's Fee Waiver:** Please submit a 2008-2009 certification form from Veterans Affairs/National Guard.
- **For the following categories** - Documentation must be submitted along with the BOG Enrollment Fee Waiver application.
 - **Are you eligible as a Recipient or as a Child of a Recipient of the Congressional Medal of Honor?**
Submit documentation from the Department of Veterans Affairs.
 - **Are you eligible as a Dependent of a Victim of the 9/11 terrorist attack?**
Submit documentation from the CA Victim Compensation and Government Claims Board.
 - **Are you eligible as a Dependent of a Deceased Law Enforcement/Fire Personnel killed in the line of duty?**
Submit documentation from the public agency employer of record.

BOG B:

You meet one of the income standards:

Family size/number in household

(include yourself)

2007 Total family income

(adjusted gross income and/or untaxed income)

1	\$ 15,315
2	20,535
3	25,755
4	30,975
5	36,195
6	41,415

If family size is greater than 6, for each additional family member, add \$ 5,220.

- For **DEPENDENT** students, the parent(s) total 2007 income (taxed and untaxed) must be equal to or less than the above amounts.
- For **INDEPENDENT** students, the student and spouse's/RDP's total 2007 income (taxed & untaxed) must be equal to or less than the above amounts.

Please provide household size and all sources of income by completing Section B on the back of the BOG application. The Financial Aid Office usually requests verification of the income listed in Section B and students are requested to submit the following: if you filed tax returns (and your parents, if applicable) - copies of your tax returns must be submitted; if you did NOT file tax returns (and your parents, if applicable) - you must submit copies of your W-2's, an Agency Certification or a Verification Form.

BOG C: You have completed the 2008-2009 Free Application for Federal Student Aid (FAFSA) and it has been determined that you have "financial need." If you have not received information from the Financial Aid Office approximately 6-8 weeks after you submitted your FAFSA, please contact the Financial Aid Office as soon as possible.

Students MUST re-apply one time each school year for a BOG Enrollment Fee Waiver. This application is for the Summer 2008, Fall 2008, Winter intersession 2009, and Spring 2009 semesters. If you are awarded a BOG Enrollment Fee Waiver, the BOG award is good for the entire school year. If you have already paid for your classes and are later deemed eligible to receive a BOG Enrollment Fee Waiver, please be advised that refunds are generated automatically and are mailed to students approximately six weeks after the BOG has been awarded.

California Community Colleges 2008-2009 Board of Governors Enrollment Fee Waiver Application

*This is an application to have your **ENROLLMENT FEES WAIVED**. This **FEE 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. Contact the Financial Aid Office for more information. The **FAFSA** is available online at www.fafsa.ed.gov.*

Note: Students who are exempt 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 enrollment fee waiver. Do not complete this application. You may apply for other types of financial aid by completing the FAFSA.

Name: _____ <small>Last First Middle Initial</small>	Student ID # _____
Home Address: _____ <small>Street City Zip Code</small>	Telephone Number: (____) _____
Email (if available): _____	Date of Birth: ____/____/____
Has the Admissions or Registrar's Office determined that you are a California resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 provisions apply to state student financial aid ONLY, and not to federal student financial aid.

Are you or your parent in a Registered Domestic Partnership with the California Secretary of State under Section 297 of the Family Code? (Answer "Yes" if you or your parent are separated from a Registered Domestic Partner but have **NOT FILED** a Notice of Termination of Domestic Partnership with the California Secretary of State's Office.) Yes No

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, and 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 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 that you may be considered for other student financial aid. You cannot get other types of 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? Yes No
- SSI/SSP (Supplemental Security Income/State Supplemental Program)? Yes No
- 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 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

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 parents/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**

	DEPENDENT STUDENT: PARENT(S)/ RDP INCOME	INDEPENDENT STUDENT: STUDENT (& SPOUSE'S/ RDP) INCOME
a. Adjusted Gross Income (If 2007 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4).	\$ _____	\$ _____
b. All other income (Include ALL money received in 2007 that is not included in line (a) above (such as TANF benefits, disability, Social Security, child support).	\$ _____	\$ _____
TOTAL Income for 2007 (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 to determine if you will be eligible for this waiver under Method C.

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. Yes No
14. Do you have certification from the National Guard Adjutant General that you are eligible for a dependent's fee waiver?
Submit certification. Yes No
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. Yes No
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. Yes No
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. Yes No

• If you answered "Yes" to any of the questions between 13-17, 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 additional 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's/registered domestic partner's 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 enrollment fee 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 to access 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 recordkeeping systems established prior to January 1, 1975. If your college requires you to provide a 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 at the college to which you are applying for financial assistance.

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"/> National Guard Dependent <input type="checkbox"/> Medal of Honor <input type="checkbox"/> 9/11 Dependent <input type="checkbox"/> Dep. of deceased law enforcement/fire personnel	RDP: <input type="checkbox"/> Student <input type="checkbox"/> Student is not eligible <input type="checkbox"/> Parent
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Comments: _____

Certified by: _____ Date: _____