

Financial Aid Office

El Camino College (ECC) - 16007 Crenshaw Blvd. ◆ Torrance, CA 90506 **2**1-310-660- 3493 ◆ □ www.elcamino.edu *ECC Compton Center* (COM) - 1111 E. Artesia Blvd., E-17 ◆ Compton, CA 90221 **2**1-310-900-1600 x 2935 ◆ □ www.compton.edu

2013-2014 Board of Governors Fee Waiver Application

This is an application to have your **ENROLLMENT FEES WAIVED**. 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) or the California Dream Application (for eligible AB 540 students)** immediately. The FAFSA is available at www.fafsa.ed.gov and the California Dream Application is available at http://www.csac.ca.gov/dream act.asp. Contact the Financial Aid Office for more information.

IMPLEMENTATION OF Assembly Bill 1899: Victims of Trafficking, Domestic Violence and other Serious Crimes

AB 1899, chaptered in September of 2012, provides for a non-resident enrollment fee exemption for "Victims of trafficking, domestic violence and other serious crimes." In addition, the legislation allows these students to apply for and, if eligible, receive financial aid from programs administered by public postsecondary institutions or the state of California. The legislation provides that enrollment fees shall be waived for these students who apply for and are eligible to receive Board of Governor Fee Waiver (BOGFW).

This **BOARD OF GOVERNORS FEE WAIVER** application is for California residents, eligible AB 540 students, and eligible AB 1899 students, as determined by the Admissions & Records Office. If you have not had your California residency status determined by the Admissions & Records Office, please contact their office to obtain the valid determination. Board of Governors Fee Waiver (BOGFW) eligibility cannot be determined until your residency status has been verified.

eligibility cannot be determine	d until your residen	ncy status has been verif	ied.					
Has the Admissions & Records Office determined that you are a California resident?					Yes		No	
If no, has the Admissions & Re	cords Office determi	ined that you are eligible i	for a non-resident tuition ex	emption as aı		40 stua Yes		
If no, has the Admissions & R your immigration status under					e Unite		es Ca	ode?
Name:			ECC Student ID #					
Last	First	Middle Initial						
E-mail Address (if available):			Telephone Number:	· ()_				
Home Address:Street	City	Zip Code	Date of Birth:	/	·	_/		
IMPLEMENTATION OF THE	,	•	LITE AND DECDONCIDII	ITIES ACT				
The California Domestic Partrin domestic partnerships regis Registered Domestic Partners Governors Fee Waiver (BOGI dependent student and your parried parents and income a	ner Rights and Responder Rights and Responder Rolling (RDP), you will FW) and will need to barent is in a Regist	consibilities Act extends fornia Secretary of State be treated as an Indepe o provide income and ho ered Domestic Partnersl	rights, benefits, responsib under Section 297 of the lendent married student to obusehold information for yo hip (RDP), you will be trea	ilities, and ob Family Code determine eli our domestic ted the same	. If yo u igibility partne	u are in for the r. If yo	n a e Boa ou are	ard of e a
Note: These provisions app	oly to state studen	t financial aid ONLY ar	nd not to federal student	financial aid	d.			
Are you or your parent in a Re Family Code? (Answer "Yes" Termination of Domestic Parti	if you or your pare	nt are separated from a	Registered Domestic Parti		NOT F		a Not	tice of
If you answered "Yes" to the your domestic partner's inc								clude

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Registered Domestic Partnership

information in Questions 4, 11, 12, 13, 14, 15, 16, and 17.

Student Marital Status

	will be considered an INDEPENDENT student. It you answer "No" to all questions, you will be considered a reby reporting parental information and should continue with Question 11.	Depe	nden	t stud	ent	
1.	Were you born before January 1, 1990?		Yes		No	
2.	As of today, are you married or in a Registered Domestic Partnership (RDP)? (Answer "Yes" if you are separate or have not filed a termination notice to dissolve partnership.)		d but i Yes		vorced No	
3.	Are you a veteran of the U.S. Armed Forces or currently serving on active duty for purposes other than train	_	Yes		No	
4.	Do you have children who will receive more than half of their support from you between July 1, 2013 - June dependents who live with you (other than your children or spouse/RDP) who receive more than half of their sand through June 30, 2014?	suppo		т уоц	ı, now	
5.	At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you of the court?		pende Yes			
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, 2012, did your high school or school district homeless liaison determine that your unaccompanied youth who was homeless?		ere ar Yes		No	
9.	At any time on or after July 1, 2012, did the director of an emergency shelter or transitional housing program Department of Housing and Urban Development determine that you were an unaccompanied youth who was	s hom		s?		
10.	At any time on or after July 1, 2012, did the director of a runaway or homeless youth basic center or transition determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of	being		elėss	?	
F	you answered "Yes" to any of the questions 1 - 10, you are considered an INDEPENDENT student for ee Waiver (BOGFW) purposes and must provide income and household information about yourself (a DP 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 2012 U.S. Income Tax Return, were you, or will you be claim as an exemption by either or both of your parents? — Will Not File — ——————————————————————————————————					
12.	Do you live with one or both of your parent(s) and/or his/her RDP?					
• If you answered "No" to questions 1 - 10 and "Yes" to either question 11 or 12, you must provide income and household						

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 the Board of Governors Fee Waiver (BOGFW). 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 financial aid. You cannot get other student financial aid without your parent(s') information.

The questions below will determine whether you are considered a Dependent student or Independent student for Board of Governors Fee Waiver (BOGFW) eligibility and whether parental information is needed. If you answer "Yes" to **ANY** of the questions 1-10 below,

	TANF/CalWORKs?				Yes		No
	SSI/SSP (Supplemental Security Income/State Supplement	ntal Program)?			Yes		No
	General Assistance?				Yes		No
14.	4. If you are a dependent student, are your parent(s)/RDP receivin a primary source of income?	ng monthly cash assistance from	TANF/CalWO		or SSI, Yes		o as No
Cer doc	you answered "Yes" to question 13 or 14 you are eligible for a ertification at the end of this form. You are required to show cocumentation to the Financial Aid Office.	current proof of benefits. Sub					
	ETHOD B ENROLLMENT FEE WAIVER =================		-16	:====	:====:	====	=== -1
15.	 DEPENDENT STUDENT: How many persons are in your parer anyone who lives with your parent(s)/RDP and receives more th June 30, 2014.) 						
	6. INDEPENDENT STUDENT: How many persons are in your hole lives with you and receives more than 50% of their support from					e wha	0
17.	7. 2012 Income Information (Dependent students should not include their income information for Question 17 "a" and "b" below)	DEPENDENT STUDENT: PARENT(S)/ RDP INCOME ONLY	INDEPENDENT STUDENT STUDENT (& SPOUSE'S/ RDP) INCOME				
	 a. Adjusted Gross Income (If 2012 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4). b. All other income (Include ALL money received in 2012 that is not included in line (a) above (such as disability, child support, military living allowance, 	\$	\$				-
	Workman's Compensation, untaxed pensions).	\$	\$				_
	TOTAL Income for 2012 (Sum of "a" + "b")	\$	\$				-
	ne Financial Aid Office will review your income and let you kno nder Method B. Submit application and documentation to the		OF GOVERNO)RS i	FEE W	√AIV	'ER
Cali <i>Cal</i>	you do not qualify using Method A or Method B, you should fi alifornia Dream Application (for undocumented AB 540 studen alifornia Dream Application is available at http://www.csac.ca. formation.	nts). The FAFSA is available a	at www.fafsa.eo	d.gov	v and	the	
SF	SPECIAL CLASSIFICATIONS FOR BOARD OF GOVERNORS FI	EE WAIVER (BOGFW)					
18	18. Do you have certification from the California Department of Versubmit certification.19. Do you have certification from the National Guard Adjutant Gersubmit certification.	eterans Affairs that you are eligibl		7 Ye waiv	es 🗆	7 N	r? Vo Vo
21	 20. Are you eligible as a recipient of the Congressional Medal of H Submit documentation from the U.S. Department of Vetera 21. Are you eligible as a dependent of a victim of the September 1 Submit documentation from the California Victim Compens 22. Are you eligible as a dependent of a deceased law enforcement 	rans Affairs. 11, 2001, terrorist attack? nsation and Government Claims I		7 Ye	es ⊑		Vo Vo
ZZ	2. Are you eligible as a dependent of a deceased law enforcement Submit documentation from the public agency employer of			_	ies 🗀	7 /	Vo
	If you answered "Yes" to any of the questions from 18-22, yo (BOGFW) and perhaps other fee waivers or adjustments. Signocumentation to the Financial Aid Office. Contact the Financial	ign the Certification below. Su	ubmit applicati	S FE	E WA	IVER	3

13. Are you (the student **ONLY**) currently receiving monthly cash assistance for yourself or any dependent(s) from:

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 2012 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 California Community Colleges Chancellor's Office.

Samorna Community Com	ges chancellors c	Jilioc.			
understand the following	information (please	check each box):			
transportation, an	d room and board e	expenses). By cor	to help with college costs (ir mpleting the FAFSA or the C I Grants, Pell Grants and otl	California Dream A	Act Application, additiona
	nd receive financial iate degree or trans		enrolled, either full-time or p	oart-time, in an elig	gible program of study
•	· ·	•	stance is available in the col	lege's Financial A	id Office.
Applicant's Signature		Date	Parent Signature (Dependen	t Students Only)	Date
CALIFORNIA INFORMATION F	PRIVACY A CT				
about themselves. The pri California Community Colle authorize maintenance of t assistance. This form's inf Individuals have the right of The officials responsible for which you are applying for systems established prior to the financial aid officer at y compliance with federal and	ncipal purpose for reges Chancellor's Chis information. Factormation may be trained access to records ar maintaining the infinancial aid. The Strour college for furth d state laws, do no prientation, domesti	requesting information possible policy and the control provide such ansmitted to other sestablished from a social Security Nulf your college report information. The control possible partnership or an arther possible pos	ded to financial aid applicantion on this form is to determine policy of the community cuch information will delay and state agencies and the federinformation furnished on this ed on this form are the finant mber (SSN) may be used to quires you to provide an SS he Chancellor's Office and the basis of race, religion, cony other legally protected batu are applying.	nine your eligibility ollege to which yo d may even prever gral government if a form as it pertain cial aid administrative verify your identify and you have que California Comlor, national origin	y for financial aid. The u are applying for aid not your receipt of financial required by law. It is to them. It is to them. It is to them the institutions to the under record keeping uestions, you should ask munity Colleges, in gender, age, disability,
			FICE USE ONLY		
■ BOGFW-A ■ TANF/CalWORKs ■ SSI/SSP ■ GA	BOGFW-B BOGFW-C		□ National Guard Dependent Honor □ 9/11 Dependent acceased law enforcement/fire	RDP Student Parent	☐ Student is not eligible
Comments:					
Certified by:			Date:		