2015-2016 BOARD OF GOVERNORS FEE WAIVER INFORMATION

(FALL 2015/SPRING 2016/SUMMER 2016)

PROGRAM BENEFITS

Enrollment Fees Waived
Reduced Parking Fees
Method A—Health Fees Waived*
One Application For All 3 Terms

FILING DEADLINES

Fall 2014 (8/22/15-12/11/15) Spring 2015 (1/16/16-5/13/16) Summer 2015 (5/31/16-8/18/16)

OTHER INFORMATION

Parent Signature for Dependent Student
Method A Documentation Required
Processed FAFSA/CA Dream Act with an EFC
Federal Minimum Need of \$1,104

Method-A (Apply for Board of Governors Fee Waiver Only)

You or your family must receive benefits from one of the following:

- CalWORKs (AFDC) or Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI) or State Supplementary Program (SSP)
- General Assistance (GA)

Submit one of the following documents:

- Copy of a <u>current or last</u> month's check for CalWORKs SSI, SSP, or GA benefits. Current or last month's bank statement with direct deposit of SSI benefit is acceptable documentation. Please submit a PHOTOCOPY of your benefit check or bank statement.
- Agency Certification Form, verifying eligibility, with an authorized signature, agency stamp, and <u>current date</u>.

Method-B (Apply for Board of Governors Fee Waiver Only)

You must meet the following qualifying income standards:

Number in Household	2014 Total Income		
1	\$17,505		
2	\$23,595		
3	\$29,685		
4	\$35,775		
5	\$41,865		
6	\$47,955		

Add \$6,090 for each additional family member in the household.

Submit one of the following documents:

- Dependent Student: A copy of parent(s)' and/or parent's Registered Domestic Partner IRS Tax Return Transcript or U.S. Income Tax Return(s) for 2014.
- Independent Student: A copy of student's and/or spouse's Register Domestic Partner's IRS Tax Return Transcript or U.S. Income Tax Return(s) for 2014.
- Non-tax Filers: A copy of W-2 Transcript from the IRS or W-2(s). A copy of 1099 Transcript from the IRS or 1099(s)

Method-C (Apply for Board of Governors Fee Waiver & Other Financial Aid)

Complete the Free Application for Federal Student Aid (FAFSA) online at www.fafsa.ed.gov.

AB 540 students, complete the California Dream Act Application online at https://dream.csac.ca.gov/.

^{*}Except for Dependent of National Guard



Financial Aid Office

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

California Community Colleges 2015-16 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.gov and the Dream Application is available at https://dream.csac.ca.gov/. 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. Finally, the legislation provides that enrollment fees shall be waived for these students who apply for and are eligible to receive Board of Governor enrollment fee waivers.

This **FEE WAIVER** application is for California residents, eligible AB 540 students, and eligible AB 1899 students, as determined by the Admissions or Registrar's Office. If you have not had your California residency or eligibility status determined by the Admissions or the Registrar, please see one of those offices to obtain the valid determination. Fee waiver eligibility cannot be determined until your status has been verified.

Has the Admissions or Registrar's Office determined that you are a California resident? If no, has the Admissions or Registrar's Office determined that you are eligible for a non-resident tuition exemption as an AB540 student?				□ Yes	☑ No ☑ No		
				☐ Yes			
If no, has the Admissions of you residing in the United (a)(15)(U)(i) or (ii), of Title &	d States with a "T" or	"U" visa (immi				or (ii), or Section	
Name:				Student ID #			
Last	First	Middle In	itial				
Email (if available):			7	elephone Numb	er: ()	
Home Address:				Date of Birth	/	/	
Street	Cit	ty	Zip Code	_	,		
The California Domestic F domestic partnerships reg Registered Domestic Part determine eligibility for this partner. If you are a depet be treated the same as a partner. Note: These provisions	Partner Rights and Repistered with the Califunership (RDP), or legal sections of the Enrollment Fee Wastendent student and you student with married apply to state students.	esponsibilities A fornia Secretary gal same sex m liver and will ne our parent is in parents and inc ent financial a	act extends right of State under arriage, you will ed to provide in a Registered Do come and house id ONLY, and r	s, benefits, response Section 297 of the betreated as an accome and house somestic Partners whold information of to federal studies.	onsibilities and le Family Code Independent hold information hip, or legal sa will be require	d obligations to in e. If you are in married student on for your dom- ame sex marriaged for the parent al aid.	a to estic ge, you will 's domestic
Are you or your parent in Code? (Answer "Yes" if y Termination of Domestic I	ou or your parent are	e separated froi	n a Registered	Domestic Partne		T FILED a Notic	
If you answered "Yes" to your domestic partner's information in Question:	income and house	hold informati					
STUDENT MARITAL ST	TATUS						
☐ Single ☐ Married	☐ Divorced ☐	⊋ Separated	☐ Widowed	☐ Registered	d Domestic F	Partnership	

DEPENDENCY STATUS

The questions below will determine whether you are considered a Dependent student or Independent student for fee waiver eligibility and whether parental information is needed. If you answer "Yes" to **ANY** of the questions 1-10 below, you will be considered an INDEPENDENT student. If you answer "No" to all questions, you will be considered a Dependent student thereby reporting parental information and should continue with Question 11.

1.	Were you born before January 1, 1992?	□ Ye	s 🗖 No
2.	As of today, are you married or in a Registered Domestic Partnership (RDP)? (Answer "Yes" if you are se or have not filed a termination notice to dissolve partnership.	eparated b 	
3.	Are you a veteran of the U.S. Armed Forces or currently serving on active duty for purposes other than tra	nining? ⁄ Ye	s 🗖 No
4.	Do you have children who will receive more than half of their support from you between July 1, 2015 - Jun dependents who live with you (other than your children or spouse/RDP) who receive more than half of their and through June 30, 2016		from you, now
5.	At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you fithe court?	ou a depe 🗗 Yes	
6.	Are you or were you an emancipated minor as determined by a court in your state of legal residence?	☐ Yes	S 🗖 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, 2014, did your high school or school district homeless liaison determine that unaccompanied youth who was homeless?	you were	
9.	At any time on or after July 1, 2014, 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 were all youth youth you who were all youth you who were an unaccompanied youth youth you who were an unaccompanied youth you who were all you who were an unaccompanied youth you who were all youth you who were all your youth you who were all you who who who who were all you who were all you who were all you who were		
10.	At any time on or after July 1, 2014, did the director of a runaway or homeless youth basic center or transit determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of		
V	you answered "Yes" to any of the questions 1 - 10, you are considered an INDEPENDENT student for all your spour purposes and must provide income and household information about yourself (and your spour pplicable). 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 2014 U.S. Income Tax Return, were you, or will you be class an exemption by either or both of your parents?	aimed on Yes	their tax return No
12.	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 10 and "Yes" to either question 11 or 12, 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 11, and "No" to question 12, 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. You cannot get other student aid without your parent(s') information.

METHOD A ENROLLMENT FEE WAIVER		
13. Are you (the student ONLY) currently receiving monthly cash	assistance for yourself or any de	pendents from:
TANF/CalWORKs?		☐ Yes ☐ No
SSI/SSP (Supplemental Security Income/State Supplem	nental Program)?	☐ Yes ☐ No
General Assistance?		☐ Yes ☐ No
14. If you are a dependent student, are your parent(s)/RDP receiprimary source of income?If you answered "Yes" to question 13 or 14 you are eligible for end of this form. You are required to show current proof of b aid office.	or an ENROLLMENT FEE WAIVE	☐ Yes ☐ No ER. Sign the Certification at the
METHOD B ENROLLEMENT FEE WAIVER		
 15. DEPENDENT STUDENT: How many persons are in your paranyone who lives with your parent(s)/RDP and receives more June 30, 2016.) 16. INDEPENDENT STUDENT: How many persons are in your h lives with you and receives more than 50% of their support from the support of the support from the support of the support from the support fr	than 50% of their support from yoursehold? (Include yourself, you	cur parents/RDP, now and through Ir spouse/RDP, and anyone who
17. 2014 Income Information	DEPENDENT STUDENT:	INDEPENDENT STUDENT:
(Dependent students should not include their income information for Q 17 a and b below.) a. Adjusted Gross Income (If 2014 U.S. Income Tax	PARENT(S)/ RDP INCOME ONLY	STUDENT (& SPOUSE'S/ RDP) INCOME
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 2014 that is not included in line (a) above (such as	\$	\$
disability, child support, military living allowance, Workman's Compensation, untaxed pensions).	\$	\$
TOTAL Income for 2014 (Sum of a + b)	\$	\$
The Financial Aid Office will review your income and let you keep Method B. Submit application and documentation to the final lf you do not qualify using Method A or Method B, you should California Dream Application (for undocumented AB 540 study Application is available at https://dream.csac.ca.gov/. Contact	ncial aid office. d file a FAFSA (for U.S. citizens dents). <i>The FAFSA is available</i>	or eligible non-citizens) or the at www.fafsa.gov and the Dream
SPECIAL CLASSIFICATIONS ENROLLEMENT FEE WAIVERS		
18. Do you have certification from the CA Department of Veteran Submit certification.	าร Affairs that you are eligible for a	a dependent's fee waiver?
19. Do you have certification from the National Guard Adjutant G Submit certification.	General that you are eligible for a c	dependent's fee waiver? ☐ Yes ☐ No
20. Are you eligible as a recipient of the Congressional Medal of Submit documentation from the Department of Veterans Affa		
21. Are you eligible as a dependent of a victim of the September	r 11, 2001, terrorist attack?	□ Yes □ No
Submit documentation from the CA Victim Compensation and 22. Are you eligible as a dependent of a deceased law enforcem Submit documentation from the public agency employer of re-	nent/fire suppression personnel kil	
 If you answered "Yes" to any of the questions from 18-22, perhaps other fee waivers or adjustments. Sign the Certif financial aid office. Contact the Financial Aid Office if you 	fication below. Submit applicat	

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 2014 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.

I understand the following information (please check each box):

□ Federal and state financial aid programs are available to help with college costs (including enrollment fees, books & supplies, transportation and room and board expenses). By completing the FAFSA or the California Dream Application, additional financial assistance may be available in the form of Cal Grants, Pell and other grants, work study and other aid.

□ I may apply for and receive financial assistance if I am enrolled, either full time or part time, in an eligible program of study (certificate, associate degree or transfer).

□ Financial aid program information and application assistance is available in the college financial aid office.

Applicant's Signature

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 Dependent □ Medal of Honor □ 9/11 Dependent □ Dep. of deceased law enforcement/fire personnel	RDP □Student □Parent	Student is not eligible	
Comments:					
Certified by:		Date:			