



**CALIFORNIA COMMUNITY COLLEGE
BOARD OF GOVERNORS FEE WAIVER APPLICATION
2008/2009**

WARNING: This application will only waive enrollment fees. This Fee Waiver is for California residents only. To see if you qualify for more aid, complete a Free Application for Federal Student Aid (FAFSA). The FAFSA is available at www.fafsa.ed.gov. The information you provide on this application is subject to verification. If any of the information is determined to be false, you will be required to pay any fees that were waived. **If a BOGW is awarded after the end of a semester, the BOGW cannot reimburse you for the semester that has ended.**

Students New to Cuesta: Prior to submitting your BOGW application you must have an admissions application on file.

NOTE: High School Enrichment students enrolling in less than full time status should not complete this form as their fees are already waived.

Print: Last Name	First Name	M.I.	Social Security Number
Street Address			Student ID Number
City	State	Zip	Telephone Number
E-mail (If available)			Birth Date

General Information

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 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.

Yes No 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.)

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.

Yes No
 Have you been determined to be a California resident by the Admissions or the Registrar's Office?
You must be a California resident to receive a Board of Governor's Fee Waiver.

NOTE: Students who are exempted from paying nonresident tuition under Education Code Section 68130.5 (AB 540) are NOT California residents and are NOT eligible for a fee waiver.

Are you: Single Married Divorced Separated Widowed Registered Domestic Partnership

- Yes No**
- 1. Were you born before January 1, 1985?
 - 2. Are you a veteran of the U.S. Armed Forces or currently serving on active duty for purposes other than training?
 - 3. As of today, are you married, or in a Registered Domestic Partnership? (Answer "Yes" if you are separated, but not divorced or have not filed a termination notice to dissolve partnership.)
 - 4. Are both your parents deceased or are you (or were you until age 18) a ward/dependent of the court?
 - 5. Do you have children who receive more than half of their support from you or other dependents (do not list your spouse) who live with you who receive more than half of their support from you, now and through 6/30/09? **If yes, how many _____?**

If you answer "YES" to any of the questions numbered 1 through 5, you are considered an **INDEPENDENT** student and must provide income and household information about yourself (and your spouse/RDP). Skip to "METHOD A" on reverse side.

If you answered "NO" to questions 1 through 5, complete the following questions:

6. If your parent(s) or his/her RDP filed or will file a 2007 US Income Tax Return, were you, or will you be claimed on their tax return as an exemption by either or both of your parents?

If NO, submit signed first 2 pages of parent(s)' 2007 Tax Return.

Parent(s) will not file. Student must submit a NOTARIZED statement from parent(s).

7. Do you live with one or both your parents and/or his/her RDP?

If you answered "YES" to either question 6 or 7, you are a **DEPENDENT** student and must provide income and household information about your parent(s)/RDP.

If you answered "NO" to question 6 and 7, or parent(s) will not file, you are an **INDEPENDENT** student on this form (You are a dependent student for all student aid except this fee waiver) and must provide income and household information about you (and your spouse). Please try to get your PARENT information and file a FAFSA so you may be considered for other student aid. You can't get other aid without your parents information.

METHOD A: RECENT DOCUMENTATION VERIFYING PROGRAM TYPE MUST BE ATTACHED

8. Are you currently receiving monthly cash assistance from:

- Yes No
- TANF/ CalWORKs
- Supplemental Security Income (SSI) or State Supplemental Program (SSP)
- General Assistance
- If you are a dependent student, are your parent(s)/RDP receiving TANF/CalWORKs or SSI/SSP? If so, how many people are in your parent's household? _____
- Do you have certification from the California Department of Veterans Affairs or the National Guard Adjutant General that you are eligible for a dependent's fee waiver? If so, how many people are in your parent's household? _____
- Are you eligible as a recipient of the Congressional Medal of Honor or as a child of a recipient, or a dependent of a victim of the September 11, 2001 terrorist attack? If so, how many people are in your household? _____
- Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty? If so, how many people are in your household? _____

If you answered "Yes" to any part of question 8, **attach documentation (dated within 60 days)** and skip to Signature Line.

If you answered "No" to all parts of questions 8, complete the following questions (Method B) based on your dependency status established from the front page.

METHOD B: The information you provide below is subject to verification. If any of the information is determined to be false, you will be required to pay any fees that were waived.

DEPENDENT STUDENT: How many persons are in your parent(s)/RDP household? Always **include** yourself, your parent(s), and anyone who lives with your parent(s) and receives more than 50% of their support from them, now and through 6/30/09.

INDEPENDENT STUDENT: How many persons are in your household? Always **include** yourself, your spouse/RDP and anyone who lives with you and receives more than 50% of their support from you, now and through 6/30/09.

_____ Number of people supported

_____ Number of people supported

Parent(s)/RDP 2007 Income Information

Your (and your spouse's)/RDP 2007 Income Information

\$ _____ a. AGI (Adjusted Gross Income, 1040 line 37, 1040 A line 21, 1040EZ line 4).

\$ _____ a. AGI (Adjusted Gross Income, 1040 line 37, 1040 A line 21, 1040EZ line 4).

\$ _____ b. All other income. (Include all earnings not reported on a 2007 income tax return as well as all untaxed benefits received such as Social Security, TANF/CalWORKs, child support, etc.)

\$ _____ b. All other income. (Include all earnings not reported on a 2007 income tax return as well as all untaxed benefits received such as Social Security, TANF/CalWORKs, child support, etc.)

\$ _____ c. **TOTAL** income for 2007 (add a + b)

\$ _____ c. **TOTAL** income for 2007 (add a + b)

METHOD C: If you are not eligible for a fee waiver based on the information provided on this application, you may still be eligible if you apply for need-based aid through the **FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)**. Contact the Financial Aid Office for application information or WEB site: www.fafsa.ed.gov.

CERTIFICATION FOR ALL APPLICANTS: 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 give proof, which may include a copy of my and my spouse/registered domestic partner and/or my parent's/registered domestic partner's 2007 US Income Tax Return. 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 authorize release of this information to the University of California and/or the California State University for the purpose of providing me with information about transfer opportunities.

Student Signature _____

Date _____

Parent Signature _____

(Dependent Students Only)

Date _____

Please return completed form to Cuesta College Financial Aid Office at either campus listed below.

San Luis Obispo Campus
P.O. Box 8106, San Luis Obispo, CA 93403-8106

North County Campus
2800 Buena Vista Drive, Paso Robles, CA 93446

FOR OFFICE USE ONLY:

- | | | | |
|--|--|---|---------------------------------|
| <input type="checkbox"/> A1 TANF/CalWORKs | <input type="checkbox"/> B | <input type="checkbox"/> WALK-IN | Date Certified/Initial _____ |
| <input type="checkbox"/> A2 SSI/SSP | <input type="checkbox"/> Non-Resident | <input type="checkbox"/> Ineligible | |
| <input type="checkbox"/> A3 GA | <input type="checkbox"/> PTX/STX | <input type="checkbox"/> Incomplete/Verification | Date Entered/Initial _____ |
| <input type="checkbox"/> A4 VA | <input type="checkbox"/> Svinc/Pvinc | <input type="checkbox"/> Has C (post in Finadd ___) | |
| <input type="checkbox"/> F1 Law / Fire | <input type="checkbox"/> H.S. Enrichment (do NOT input!) | | Date Returned/Entered _____ |
| <input type="checkbox"/> F2 National Guard | | ENTERED: <input type="checkbox"/> FALL | <input type="checkbox"/> SPRING |
| <input type="checkbox"/> F3 Medal of Honor | <input type="checkbox"/> F4 9/11 Dependent | | <input type="checkbox"/> SUMMER |