California Community Colleges 2020-21 California College Promise Grant 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 immediately complete a FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) or the California Dream Application (for eligible AB 540 students). 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 those students who apply for and are eligible to receive the California College Promise Grant.

This **CALIFORNIA COLLEGE PROMISE GRANT** application is for California residents, students eligible under AB 540 and under AB 1899 as determined by the Admissions or Registrar's Office, and for California resident homeless youth as determined by the Financial Aid Office. If you have not had your California residency or eligibility status determined by the Admissions or the Registrar or homeless status determined by the Financial Aid Office, see one of those offices to obtain the determination. California College Promise Grant eligibility cannot be determined until your status has been verified.

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Has the Admissions or Reg If no, has the Admissions/R		•			exemption as	s an AB 540 stud	☑ No dent? ☑ No
If no, has the Admission result of you residing in Section1101 (a)(15)(U)	the United States	with a "T" or "U" vi	isa (immigrat			xemption grante	ed as a or
Has the Financial Aid Office within the last 24 months (h							Office.
Name:				Student ID#			
Last	First	Middle Initia	al				
Email (if available):				Telephone Numb	er: ()_		
Home Address:Street		ity Z	Zip Code	Date of Birth:		_//	
IMPLEMENTATION OF TH			•	AND RESPONSIB	RILITIES ACT		
The California Domestic Pa in domestic partnerships req Registered Domestic Partne determine Enrollment Fee V you are a dependent studer the same as a student with	gistered with the Ca ership (RDP), or leg Vaiver eligibility and It and your parent is	alifornia Secretary al same sex marr d will need to prov s in a Registered l	of State und iage, you wil ide income a Domestic Pa	ler Section 297 of th I be treated as an In and household inforr rtnership, or legal sa	ne Family Codendependent me mation for you ame sex marri	le. If you are in parried student to partric domestic partric page, you will be	a ner. If treated
Note: These provisions a	pply to state stude	ent financial aid	ONLY, and r	not to federal stude	ent financial	aid.	
Are you or your parent in a Code? (Answer "Yes" if you Termination of Domestic Pa	ı or your parent are	separated from a	Registered	Domestic Partner b			of
If you answered "Yes" to your domestic partner's in information in Questions	ncome and housel	hold information					
Student Marital Status	Single 🛭 Married	Divorced	□ Separate	ed 🗇 Widowed 🗸	⊋ Registered	d Domestic Partn	ership

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 guestions 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. Were you born before January 1, 1997? Yes 🛭 No As of today, are you married or in a Registered Domestic Partnership (RDP)? (Answer "Yes" if you are separated but not divorced Yes 🗷 No or have not filed a termination notice to dissolve partnership. Are you a veteran of the U.S. Armed Forces or currently serving on active duty for purposes other than training? ☐ Yes ☐ No Do you have children who will receive more than half of their support from you between July 1, 2020 - June 30, 2021, or other dependents who live with you (other than your children or spouse/RDP) who receive more than half of their support from you, now and through June 30, 2021? ☐ Yes ☐ No At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court? Yes 🗷 No As determined by a court in your state of legal residence, are you or were you an emancipated minor? Yes 🗷 No Does someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence? ☐ Yes ☐ No At any time on or after July 1, 2019, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? Yes No At any time on or after July 1, 2019, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? 10. At any time on or after July 1, 2019, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? ☐ Yes ☐ No.

- If you answered "Yes" to any of the questions 1 10, 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 #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 2018 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
- 12. Do you live with one or both of your parent(s) and/or his/her RDP?

DEPENDENCY STATUS

- 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.

13.	Are you (the student ONLY) currently receiving monthly ca	sh assistance for yourself or an	y dependents from	1:			
	TANF/CalWORKs?				Ye	s \sqsubset	7 No
SSI/SSP (Supplemental Security Income/State Supplemental Program)?						s \sqsubset	7 No
	General Assistance?				Ye	s \sqsubset	7 No
14. If you are a dependent student, are your parent(s)/RDP receiving monthly cash assistance from TANF/CalWC their sole source of income?							SSP as 7 No
Cer	ou answered "Yes" to question 13 or 14 you are eligible tification at the end of this form. You are required to shound to the financial aid office.					he	
ME	THOD B CALIFORNIA COLLEGE PROMISE GRANT QUE	STIONS					
	DEPENDENT STUDENT: How many persons are in your anyone who lives with your parent(s)/RDP and receives modely June 30, 2021.) INDEPENDENT STUDENT: How many persons are in you lives with you and receives more than 50% of their support	ore than 50% of their support fro ur household? (Include yourself	om your parents/Ri , your spouse/RDF	DP, i P, an	now a	and t	hrough
(De inc a I b b	2018 Income Information rependent students should not include their own rome information for Q 17, a and b below.) 2. Adjusted Gross Income (If 2018 U.S. Income Tax Return was filed, enter the amount from Form 1040, rine 7. 2. All other income (Include ALL money received in rine 1018 that is not included in line (a) above (such as	DEPENDENT STUDENT: PARENT(S)/RDP INCOME ONLY \$	INDEPENDENT STUDENT (& S RDP) INCOME	POL			
I T	Disability, child support, military living allowance, Workman's Compensation, untaxed pensions.) FOTAL Income for 2018 (Sum of a + b)	\$ \$	\$\$			MIC	-
	e Financial Aid Office will review your income and let yo ANT under Method B. Submit application and documen			EGE	PRU	JIVIIO	<u> </u>
FAI The Fina	ou do not qualify using Method A or Method B, or if you FSA (for U.S. citizens or eligible non-citizens) or the Calie FAFSA is available at www.fafsa.gov and the Dream Appancial Aid Office for more information.	ifornia Dream Application (for	undocumented I	AB 5	40 si	tude	nts).
	ECIAL CLASSIFICATIONS ENROLLMENT Fee Waivers						
	Do you have certification from the CA Department of Vetera Submit certification. Do you have certification from the National Guard Adjutant] e wa	Yes iver?		No
20.	Submit certification. Are you eligible as a recipient of the Congressional Medal of Submit documentation from the Department of Veterar	•	ient?	_	Yes Yes		No No
 21. 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. 22. Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty? 							No
	Submit documentation from the public agency employe		4		Yes		No
23.	Have you been exonerated of a crime by writ of habeas con Submit documentation from the Department of Correct	•	۵	,	Yes		No
•	If you answered "Yes" to any of the questions from	18-23, you may be eligible fo	r a CALIFORNIA	CO	LLE	GE	

PROMISE GRANT and perhaps other aid or adjustments. Sign the Certification on the next page and submit application and documentation to the financial aid office. Contact the Financial Aid Office if you have 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/registered domestic partner and/or my parent's/registered domestic partner's 2018 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.

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I	understand i	me	tollowina	intormation	iniease	спеск еасп	DOXI:

	transportation and room and board exp	enses). By comp	help with college costs (including enrollment fees, bool leting the FAFSA or the California Dream Application, a 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 assista	ance is available in the college financial aid office		
Apr	licant's Signature	Date:	Parent Signature (Dependent Students Only)		

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

□ CCPG-A □ CCPG-B		☐ Special Classification	RDP	Student is		
☐ TANF/CalWORKs		□ Veteran □ National Guard Dependent	Student	not eligible		
☐ GA	☐ CCPG-C	☐ Exonerated	Parent			
☐ SSI/SSP		☐ Medal of Honor ☐ 9/11 Dependent				
	□ CCPG-Homeless	☐ Dep. of deceased/disabled law				
		enforcement or fire personnel				
Comments:						
Certified by:		Date:				