## 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 Registrar's If no, has the Admissions/Registra  |  | •   |  | xemption as an AB   |  | nt?           |
| If no, has the Admissions or R result of you residing in the Ur Section1101 (a)(15)(U)(i) or (ii  | nited States with a "7   | 「" or "U" visa (immigra   | •  | ent tuition exemption<br>tion 1101(a)(15)(T)(   | n granted a  | as a          |
| Has the Financial Aid Office or the within the last 24 months (homeles  |  |   |  | d contact the Finan   |  | ice.          |
| Name:   |  |   | Student ID#  |   |  |               |
| Last F  | -irst I  | Middle Initial  |  |   |  |               |
| Email (if available):   |  |   | _ Telephone Number   | : ()  |  |               |
| Home Address:Street   | City   | Zip Code  | _ Date of Birth:   | /   | /  |               |
| IMPLEMENTATION OF THE CAL   |  |   | S AND RESPONSIBIL  | ITIES ACT   |  |               |
| The California Domestic Partner R in domestic partnerships registered Registered Domestic Partnership (determine Enrollment Fee Waiver you are a dependent student and y the same as a student with married | ights and Responsib<br>d with the California<br>RDP), or legal same<br>eligibility and will nee<br>our parent is in a Re | pilities Act extends right<br>Secretary of State und<br>sex marriage, you will<br>ed to provide income a<br>egistered Domestic Pa | nts, benefits, responsible of Section 297 of the section 297 of the section as an Independent of the section of | polities and obligation Family Code. If <b>yo</b> ependent married sation for your domesting sex marriage, yo | ou are in a<br>student to<br>stic partner.<br>ou will be tre | . If<br>eated |
| Note: These provisions apply to   | state student fina   | ncial aid ONLY, and   | not to federal studen  | it financial aid.   |  |               |
| Are you or your parent in a Registe<br>Code? (Answer "Yes" if you or you<br>Termination of Domestic Partnersh   | ır parent are separa   | ted from a Registered   | Domestic Partner but   | have <b>NOT FILED</b> a   |  |               |
| If you answered "Yes" to the que<br>your domestic partner's income<br>information in Questions 4, 11, 1   | and household inf  | ormation or your par  |  |   |  | clude         |

Student Marital Status Single Married Divorced Separated Widowed Registered Domestic Partnership

## 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:
- 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   | ash assistance for yourself or an                                      | y dependents from:                          |               |                 |       |              |
|-----------------|---|--|---|---------------|-----------------|-------|--------------|
|                 | TANF/CalWORKs?  |  |   |               | Yes             |       | <b>7</b> No  |
|                 | SSI/SSP (Supplemental Security Income/State Supplemental Program)?  |  |   |               |                 |       | 7 No         |
|                 | General Assistance?   |  |   |               | Yes             |       | <b>7</b> No  |
| 14.             | <ol> <li>If you are a dependent student, are your parent(s)/RDP receiving monthly cash assistance from TANF/CalM<br/>their sole source of income?</li> </ol>  |  |   |               |                 |       | SSP as<br>No |
| Cer             | ou answered "Yes" to question 13 or 14 you are eligible tification at the end of this form. You are required to slumentation to the financial aid office.   |  |   |               |                 | е     |              |
| ME              | THOD B CALIFORNIA COLLEGE PROMISE GRANT QUI   | ESTIONS  |   |               |                 |       |              |
|                 | <b>DEPENDENT STUDENT:</b> How many persons are in your anyone who lives with your parent(s)/RDP and receives m June 30, 2021.) <b>INDEPENDENT STUDENT:</b> How many persons are in you lives with you and receives more than 50% of their support | oore than 50% of their support fro<br>our household? (Include yourself | om your parents/RD<br>, your spouse/RDP,    | P, n<br>, and | ow ai<br>d anyd | nd tl | hrough       |
| (De<br>inc<br>a | 2018 Income Information pendent students should not include their own ome information for Q 17, a and b below.) Adjusted Gross Income (If 2018 U.S. Income Tax Return was filed, enter the amount from Form 1040,                                 | DEPENDENT STUDENT: PARENT(S)/RDP INCOME ONLY                           | INDEPENDENT<br>STUDENT (& SF<br>RDP) INCOME | STU           | IDEN            |       |              |
| l               | ne 7.   | \$   | \$  |               |                 |       |              |
| 2<br>D<br>V     | All other income (Include ALL money received in 018 that is not included in line (a) above (such as isability, child support, military living allowance, Workman's Compensation, untaxed pensions.) OTAL Income for 2018 (Sum of a + b)           | \$<br>\$   | \$<br>\$                                    |               |                 |       |              |
|                 | Financial Aid Office will review your income and let yo<br>ANT under Method B. Submit application and documen   |  |   | GE !          | PROI            | MISI  | ≣            |
| FÁF<br>The      | ou do not qualify using Method A or Method B, or if you FSA (for U.S. citizens or eligible non-citizens) or the Cale FAFSA is available at www.fafsa.gov and the Dream A cancial Aid Office for more information.                                 | lifornia Dream Application (for  | r undocumented A                            | B 54          | 40 stu          | ıder  | nts).        |
| SPE             | ECIAL CLASSIFICATIONS ENROLLMENT Fee Waivers  |  |   |               |                 |       |              |
| 18.             | Do you have certification from the CA Department of Vetera<br>Submit certification.   | ans Affairs that you are eligible f                                    | for a dependent's fe<br>□                   |               | aiver?<br>'es   |       | No           |
| 19.             | Do you have certification from the National Guard Adjutant<br>Submit certification.   | t General that you are eligible fo                                     | r a dependent's fee<br>□                    |               | ver?<br>'es l   |       | No           |
| 20.             | Are you eligible as a recipient of the Congressional Medal<br>Submit documentation from the Department of Vetera  |  | ient?<br>□                                  | 7 Y           | 'es l           |       | No           |
| 21.             | Are you eligible as a dependent of a victim of the Septemb<br>Submit documentation from the CA Victim Compensa  | per 11, 2001, terrorist attack?  |   |               | 'es i           |       | No           |
| 22.             | Are you eligible as a dependent of a deceased law enforce<br>Submit documentation from the public agency employ   | ement/fire suppression personne  |   | f duty        |                 |       | No           |
|                 |   |  |   |               |                 |       |              |

• If you answered "Yes" to any of the questions from 18-22, you are eligible for a CALIFORNIA COLLEGE 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.

| Chancellor's Office of the   | California Community C  | Colleges.   |   |  |  |
|--|---|---|---|--|--|
| understand the following   | information (please che   | eck each box):  |   |  |  |
| transportation an financial assistar  I may apply for a (certificate, associate)   | d room and board expe<br>nce may be available in<br>nd receive financial ass<br>ciate degree or transfer  | enses). By com<br>the form of Cal<br>sistance if I am<br>).   | to help with college costs (inc<br>apleting the FAFSA or the Ca<br>I Grants, Pell and other grant<br>enrolled, either full time or pa<br>stance is available in the colle   | lifornia Dream Applicati<br>s, work study and other<br>art time, in an eligible pr   | on, additional<br>aid.   |
| Applicant's Signature  | Date  |   | Parent Signature (Dependent   | Students Only)   | Date   |
| Practices Act of 1977 requabout themselves. The process of the pro | otect an individual's righuires the following information incipal purpose for requand the policy of the cooxide such information whitted to other state age hed from information fur maintaining the information fur college requires you to ormation. The Chancel nate on the basis of rachership or any other leg | mation be provi<br>uesting information collections and the furnished on this mation contained and may be used to provide an Solor's Office and the religion, colorally protected to the provide of the religion of the colorally protected to the provide and the religion of the | arding information pertaining ded to financial aid applicant tion on this form is to determ ge to which you are applying any even prevent your receiptederal government if required form as it pertains to them.  The don'this form are the financiate verify your identity under resolved and you have questions, and the California community coor, national origin, gender, ago pasis. Inquiries regarding the | s who are asked to supline your eligibility for fin for aid authorize mainted to financial assistanced by law. Individuals hat aid administrators at ecord keeping systems you should ask the final lleges, in compliance we, disability, medical co | ply information ancial aid. The nance of this. This form's the right of the institutions to established prior ncial aid officer at ith federal and ndition, sexual |
| FOR OFFICE USE ONLY  CCPG-A  TANF/CalWORKs  GA  SSI/SSP  | □ CCPG-B □ CCPG-C □ CCPG-Homeless   | ☐ Medal of H☐ Dep. of de  | lassification  ☐ National Guard Dependent  Honor ☐ 9/11 Dependent ceased/disabled law ment or fire personnel  | RDP  Student  Parent   | ☐ Student is not eligible  |
| Comments:Certified by:   |   |   | ·   | Date:  |  |