### CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS



# COLLEGE FEE WAIVER PROGRAM FOR VETERANS DEPENDENTS PLEASE READ THE INSTRUCTIONS AND INFORMATION CONTAINED ON THE REVERSE SIDE

I. STUDENT INFORMATION

Last Name:	First:	MI:	Social Security	y Number:		_
Date of Birth:/P	hone #: ( )	Marital Status: ☐ M	arried Single	Your Email: _		
Street Address:	(	City:		State:	Zip:	
YOUR relationship to veteran in S	Section III below:			_		
HAVE YOU APPLIED FOR TH	IIS BENEFIT BEFORE?   YES	S □ NO				
ARE YOU receiving, OR ARE YO	OU CURRENTLY eligible to receiv	e VA EDUCATIONA	L BENEFITS U	NDER CHAPT	ER 35? □YES □N	1O
	(AGI) of student from last year (Jan PLY" on the reverse for required sta		ember 31st): \$			
ANNUAL VALUE OF SUPPOR Note: examples	T received from your parents - \$_ of support include, but are limited to	(Not	te: if entering \$0. ansportation, book	0 you must atta	ach an explanation) lies, medical care, et	tc.
	mount of the child's income and valublished by the California Departmen			aceed the "natio	onal poverty level" a	s determine
	II. <u>SCHO</u>	OOL INFORMA	ATION			
CALIFORNIA COLLEGE or U	NIVERSITY you are attending or p	lan to attend:				
ACADEMIC YEAR for which yo	ou are requesting waiver of tuition/fe	ees:				
	III. <u>VETE</u>	RAN INFORM	IATION			
Name served under: Last Name: _		First:			_ MI:	-
Street Address:	(	City:		State:	Zip:	
Γelephone Number: ()	Branch of Service:		Service Numb	oer:		
Date of Birth://	Date of Death (if applicable):	/	SSN#:	<del>-</del>		
Dates of Active Duty service FRO	OM:UNTIL:		VA Claim #	:		
f the veteran is alive, current perc	entage of service-connected disabili	ty adjudicated by the	military or USDV	/A:	_%	
f the veteran is deceased, was the	death "service-connected," or did th	e veteran have a servi	ce-connected dis	ability at the tir	ne of death? □YE	S □NO
nd is true, correct and complete. I a authorize the U.S. Department of Ve lisability rating and/or income to CD	ury that the information contained in the uthorize the California Department of terans Affairs, Department of Defense, VA with the understanding that the defound to be incomplete or inaccurate.	Veterans Affairs (CDV, and/or the Franchise T	A) employees, offic Γax Board, to relea	cers, and designe ase information	ees to verify these doc regarding the above s	uments. I he service-conn
Signature of VETERAN (or Par	ent if Veteran not available): (If the Veteran is unable to sign, a	a statement as to why th	ne veteran is unava	Date	e:/ ttached)	/
Signature of STUDENT:				Date:		

#### WHAT ARE THE BENEFITS?

Waiver of all mandatory system wide tuition and fees at any State of California Community College, Campus of the University of California, or Campus of the California State University system. The waiver of fees is applicable only at these Colleges. Nothing shall prevent the above institutions from charging nonresident fees.

#### WHO MAY APPLY?

- 1 In order to avoid out-of-state fees students must meet California residency requirements according to the school they will attend. The colleges will make final residency determinations.
- 2 Students who meet the requirements of at least one of the following plans:

**PLAN A:** The spouse, child or unmarried surviving spouse or California certified registered domestic partner (RDP) of a veteran who is

totally service-connected disabled or who has died of service-related causes, may qualify. The veteran must have served during a period of war declared by Congress, or been awarded a Campaign or Expeditionary Medal. This program does not have an income limit. A child must be under 27 years of age to receive the fee waiver benefit. The age limit is extended to 30 years of age if the child is a veteran. There are no age limits for a spouse, surviving spouse or RDP. \*Note: a dependent cannot receive

this benefit if they are in receipt of VA Chapter 35 benefits,

**PLAN B:** The *child* (no age limit) of a veteran who has a service-connected disability, or had a service-connected disability at the time of

death, or who died of service-related causes, may also qualify for a waiver of fees. The child's income, which includes the student's **ADJUSTED GROSS INCOME**, **PLUS THE VALUE OF SUPPORT** provided by a parent, cannot exceed the "national poverty level" as published by the U.S. Census Bureau on December 31<sup>st</sup> of last year. \*NOTE: This figure changes

annually. To obtain the applicable national poverty level, contact your local County Veterans Service Office (CVSO). **OR.** 

**PLAN C:** Any dependent, non-remarried surviving spouse, or current RDP of a member of the California National Guard who

was killed, permanently disabled or died of this disability that resulted from activation under Military and Veterans

Code Section 146.

NOTE: Plan D benefits are be available to Congressional Medal of Honor recipients and their children. These applicants are required to apply to the California Department of Veterans Affairs; your CVSO can accept and refer the application for you.

#### **HOW TO APPLY:**

- (1) This form must be fully completed, signed by the student and the veteran (or parent, but you must explain why the veteran is not available), and all questions must be answered. If a question does not apply, write "N/A". If neither parent is available to sign, please attach an explanation.
- (2) A Child, under PLAN B, must submit either a copy of their federal income tax form 1040 or state income tax form 540, from "Last Year" or, if a child does not have a copy of their income tax, or if a child did not file a return, they must submit a *statement* from the Internal Revenue Service (800-852-5711) or the Franchise Tax Board (800-829-1040) which must verify the amount of adjusted gross income or the fact that a return was not filed. \*\*NOTE\*\*: Current academic year entitlement is based upon last year's adjusted gross income and value of support. i.e.: If applying for benefits for academic year 2010-2011, the total amount of your reported adjusted gross income and value of support from calendar year 2009 will be used to determine eligibility.
- (3) If you are a "child" of a veteran, you must <u>attach a Verification of Dependency.</u> Acceptable verifications include a Birth Certificate, Adoption Records, Court Order, or other Governmental Documents.

#### WHEN TO APPLY:

Always try to apply for these benefits prior to attending school. Benefits are awarded on an academic year basis and students are required to reapply each year for ongoing benefits. **NOTE**: The earliest effective date fee waiver benefits may be awarded is the first day of the academic year in which an application is received.

#### WHERE TO APPLY:

To obtain applications, information and to apply for benefits under this program, contact your local County Veterans Service Office (look in the "Government Listings" section of your telephone book under "County Government Offices".), or on their website at: www.cacvso.org.

## YOU MAY BE ENTITLED TO ADDITIONAL VETERANS BENEFITS TO FIND OUT MORE ABOUT THE BENEFITS YOU HAVE EARNED, VISIT A WEBSITE AT:

www.cacvso.org or www.cdva.ca.gov

#### PRIVACY NOTIFICATION

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is voluntary and will be used for the purposes of identification and to determine eligibility for benefits under the provisions of the Military and Veterans Code, Sections 890 through 899 and 980 and Education Code, Section 66025.3. The program is administered by: Deputy Secretary, Veterans Services Division, 1227 "O" Street, Sacramento, CA 95814. Failure to provide requested information will result in the delay or denial of benefits. Individuals may review available personal records during normal business hours. Appeals of denied benefits shall be filed with the Veterans Services Division (note address above). Appeals must be in writing, stating the reasons you feel the benefits should be granted, and filed within 90 days after the date of the "letter of denial."