

Students...

You could get your

College Fees Waived!

Are you in college or planning to go
but don't know how you'll pay for it?

If either of your parents were ever
in the military, you may qualify to
have your college fees waived at
any California community college
or any U.C. or Cal State systems
schools (UCR, UCLA, CSUSB, etc.).

Call us for more info...

**Orange County
Veterans Service Office**

1300 S. Grand Avenue, Building B
Santa Ana, CA 92705

(714) 567-7450



CALIFORNIA COLLEGE FEE WAIVER

PLEASE READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY. NO APPLICATION WILL BE PROCESSED IF THE REQUIREMENTS LISTED BELOW ARE NOT MET.

1. REQUIRED DOCUMENTATION AS PROOF AS VETERAN'S DEPENDENT

- If the last name of the student is different than that of the veteran, we are required by regulations to establish relationship between a veteran and those claiming benefits based on that veteran's service or other entitlement. The Code of Federal Regulations, 38 USC 3.210(d), requires that we have on file your **birth certificate** showing the names of both parents and, evidence of marriage of the child's parent to the veteran (**marriage certificate**) if the student is a step-child, and a photocopy of the **student's identification card** (valid School I.D., Drivers License, etc)

2. REQUIRED DOCUMENTATION AS PROOF OF INCOME FOR STUDENT

NOTE: Currently the combined total of students "Adjusted Gross Income" (AGI) plus the "value of support" cannot exceed the national poverty level. For academic year 2009-2010 the poverty level is \$11,201.

NOTE: An "academic year" shall commence on the first day and terminate on the last day of an entire academic year, as determined by the institution of higher learning, and to include summer sessions.

• IF YOU FILED INCOME TAXES

YOU MUST attach a copy of your Federal Tax Form 1040 or State Tax Form 540.

* (Must show "Adjusted Gross Income").

• IF YOU FILED INCOME TAXES BUT DO NOT HAVE A COPY OF YOUR TAX STATEMENT

YOU MUST obtain a statement from the IRS or State Franchise Tax Board that verifies your proof of income and/or your "Adjusted Gross Income" (i.e., for academic year 2009-2010, 2008 income tax information is required)

• IF YOU WERE NOT REQUIRED TO FILE TAXES, OR IF YOU DID NOT WORK

YOU MUST contact the IRS at (800) 829-1040 or the State Franchise Tax Board at (800) 852-5711 and request proof of income/non-filing.

MAIL, FAX , OR BRING THE APPLICATION AND REQUIRED DOCUMENTS (TAX RECORD, BIRTH CERTIFICATE, MARRIAGE CERTIFICATE (FOR STEPCHILD), PHOTO I.D.) TO THE VETERANS SERVICE OFFICE LOCATED AT:

**OC Veterans Service Office
1300 S. Grand Ave., Bldg. B
Santa Ana, CA 92705
(714) 567-7450
(714) 567-7674 (Fax)**

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 Number: _____ - _____ - _____

Date of Birth: ____/____/____ Phone #: () ____ -- _____ Marital Status: ☐ Married ☐ Single

Street Address: _____ City: _____ State: _____ Zip: _____

YOUR relationship to veteran in Section III below: _____ Email: _____

Are YOU (the student) a veteran? ☐ NO ☐ YES (if yes, submit a copy of your separation document or DD-214)

HAVE YOU APPLIED FOR THIS BENEFIT BEFORE? ☐ YES ☐ NO

ARE YOU CURRENTLY A RESIDENT OF CALIFORNIA? ☐ YES ☐ NO

ARE YOU receiving, OR ARE YOU CURRENTLY eligible to receive VA EDUCATIONAL BENEFITS UNDER CHAPTER 35? ☐ YES ☐ NO

ADJUSTED GROSS INCOME (AGI) of student from last year (January 1st through December 31st): \$ _____

*NOTE: Refer to "HOW TO APPLY" on the reverse for required statements.

ANNUAL VALUE OF SUPPORT (housing assistance, transportation, books and supplies) received from a parent: \$ _____

*NOTE: Under Plan B, the total amount of the child's income and value of support, as listed above, cannot exceed the "national poverty level" as published by the U.S. Census Bureau on December 31st of last year.

II. SCHOOL INFORMATION

CALIFORNIA COLLEGE or UNIVERSITY you are attending or plan to attend: _____

ACADEMIC YEAR for which you are requesting waiver of tuition/fees: _____

III. VETERAN INFORMATION

Name served under: Last Name: _____ First: _____ MI: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: () ____ - _____ Branch of Service: _____ Service Number: _____

Date of Birth: ____/____/____ Date of Death (if applicable): ____/____/____ SSN#: ____ - ____ - ____

Dates of Active Duty service FROM: _____ UNTIL: _____ VA Claim #: _____

If the veteran is alive, current percentage of service-connected disability adjudicated by the military or USDVA: _____ %

If the veteran is deceased, was the death "service-connected," or did the veteran have a service-connected disability at the time of death? ☐ YES ☐ NO

I hereby certify under penalty of perjury that the information contained in this application and supporting documents is given for the purpose of obtaining educational benefits and is true, correct and complete. I authorize the California Department of Veterans Affairs (CDVA) employees, officers, and designees to verify these documents. I hereby authorize the U.S. Department of Veterans Affairs, Department of Defense, and/or the Franchise Tax Board, to release information regarding the above service-connected disability rating and/or income to CDVA with the understanding that the department will keep such information confidential. Further, I understand that educational benefits may be denied if any information is found to be incomplete or inaccurate.

Signature of VETERAN (or Parent if Veteran not available): _____ Date: ____/____/____
(If the Veteran is unable to sign, a statement as to why the veteran is unavailable must be attached)

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 - 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 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 "qualifying war period." 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,

OR,

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 31st of last year.* *NOTE: This figure changes annually. To obtain the applicable national poverty level, contact your local County Veterans Service Office (CVSO). See "Where to apply" below.

NOTE: (1) Similar benefits may be available to Medal of Honor recipients, their children, and the dependents/survivors of a member of the California National Guard who was killed or permanently disabled while in service to the state. (2) Benefits under the above plans may be available to certain dependents/survivors of veterans who have a California "Certificate of Registered Domestic Partnership."

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 or the Franchise Tax Board 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 2007-2008, the total amount of your reported adjusted gross income and value of support from calendar year 2006 will be used to determine eligibility.

(3) If you are a "child" of a veteran, you must **attach a Verification of Dependency**. 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 (located 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 OUR WEBSITE AT: 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 (previously 32320). The program is administered by: Chief, Veterans Services Division, 1227 "O" Street, Sacramento, CA 95814, phone (916) 653-2573. Failure to provide requested information may 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 Chief, 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."