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 Your Email**:** _____

Street Address: _____City: _____State: _____ Zip: _____

YOUR relationship to veteran in Section III below: _____

HAVE YOU APPLIED FOR THIS BENEFIT BEFORE? ☐**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 received from your parents - $_____ (Note: if entering $0.0 you must attach an explanation)
Note: examples of support include, but are not limited to: college housing, transportation, books, school supplies, medical care, etc.

*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 determined by the U.S. Census Bureau and published by the California Department of Veterans Affairs. [National Poverty Level Limit: $11,945]

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**:** _____
*Note: Students must meet California residency requirements as determined by the school attending.

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 (CalVet) 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 CalVet 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 as determined by the school they will attend. The school 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,

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).

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. If the CVSO cannot grant benefits under Plan A, B or C, the CVSO will forward application to the California Department of Veterans Affairs (CalVet) for further processing.

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 2012-2013, the total amount of your reported adjusted gross income and value of support from calendar year 2011 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 (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.calvet.ca.gov or www.veterans.ocgov.com

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."

HONORING CALIFORNIA'S VETERANS