



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

HAVE YOU APPLIED FOR THIS BENEFIT BEFORE? YES NO
ARE YOU CURRENTLY A RESIDENT OF CALIFORNIA? YES NO

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:

Child/Stepchild/Adopted Child Spouse Surviving Spouse

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

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 calculated by the U.S. Census Bureau.

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 Veteran is alive, current degree (percentage) of service-connected disability adjudicated by the military or USDVA: _____ %

If 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 the Franchise Tax Board, to release information regarding my 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 **PARENT OR VETERAN**: _____ Date: ____/____/____

Signature of **STUDENT**: _____ Date: ____/____/____

WHAT ARE THE BENEFITS:

Waiver of all mandatory systemwide 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:

Students must meet California residency requirements according to the school they will be attending.

The colleges will make final determination on residency.

AND

Who meet the requirements of at least one of the following plans.

PLAN A: The *spouse, child or unmarried surviving spouse* 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 or surviving spouse. ***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. A child's income, which includes the student's ADJUSTED GROSS INCOME, **PLUS THE VALUE OF SUPPORT** provided by the parents, *cannot exceed the "national poverty level" as calculated by the U.S. Census Bureau.* ***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,

PLAN C: Any dependent, or surviving spouse who has not remarried, of any member of the California National Guard, who in the line of duty, and while in the active service of the state, was killed, died of a disability resulting from an event that occurred while in the active service of the state, or is permanently disabled as a result of an event that occurred while in the active service of the state. "Active service of the state," for the purposes of this subdivision, means a member of the California National Guard activated pursuant to Section 146 of the Military and Veterans Code.

HOW TO APPLY:

* (1) This form must be fully completed, signed by the student and the veteran, and all questions must be answered. If a question does not apply, write "N/A" (not applicable). If the veteran is unable to sign this form, a statement as to why the veteran is unavailable must be attached.

* (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 2000-2001, the total amount of your adjusted gross income and value of support from calendar 1999 **must be submitted.**

* (3) If you are a "child" of a veteran, a parent must also sign this application to verify the "value of support" you receive or do not receive from your parents. If a parent is unable to sign this form, a statement as to why the parent is unavailable must be attached.

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:

Contact your local County Veterans Service Office (located in the "Government Listings" section of your telephone book under "County Government Offices") to obtain applications, information, and to apply for benefits under this program. You may also find your CVSO listed on our CDVA website: www.ns.net/cadva/

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 Educational Code, Section 32320. The program is administered by: Chief, Veterans Services Division, Suite 101, 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."

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