

2012-2013 WHAT'S A BOG?

A BOG* is a waiver of Enrollment fees provided by the State of California for students who have been California residents for more than one year. Students who are required to pay non-resident tuition or do not meet citizenship requirements do not qualify.

PLAN AHEAD!

Do not wait until you want to register to apply. Students may be dropped for non-payment of fees. If you have already filed your 2012-2013 FAFSA you may not need to complete this form. Check your records on MyGCC at mygcc.glendale.edu.

WHAT HAPPENS IF I RECEIVE A BOG?

You may check your eligibility on MyGCC. If you are eligible for a BOG A, B, or C your Enrollment fees are waived, regardless of how many classes you enroll in. All other fees charged (i.e. health, student services, parking, technology, and ID card fees) remain your responsibility to pay. If you have already paid your enrollment fees and qualify for a BOG, you will receive a refund of the enrollment fees. Refund checks are automatically calculated and mailed by the Tuition Office.

The attached application is for the Summer 2012, Fall 2012, Winter 2013 and Spring 2013 semesters. You only need to apply once per year. Applications are due no later than the last day of the semester for which you are applying.

BOG APPLICATIONS THAT ARE NOT COMPLETE, ACCURATE OR DO NOT HAVE ALL REQUIRED SIGNATURES WILL NOT BE PROCESSED.

There are three ways to qualify for a BOG. You only need to be eligible for one.

** **METHOD A:** Provide documentation of TANF/Cal Works, SSI, or General Relief benefits you There are three ways to much the second of the benefits.

** **METHOD A:** Provide documentation of TANF/Cal Works, SSI, or General Relief benefits you receive. If you are considered dependent, you must provide proof of the benefits your parents are receiving. Acceptable documentation includes:

*	Copy of current or prior month's benefit check	or
*	Current or prior month's bank statement showing direct deposit of	
	TANF/Cal Works, GR or SSI funds	or
*	Current or prior month's eligibility letter	or
*	GCC Untaxed Income Verification Form completed by the agency	or

* Other official agency verification

Only Method A recipients receive discounted Health fees and parking rates.

* **METHOD B:** Provide income and household size information by completing section B on the back of the BOG application. All income information must be complete and accurate. You may be asked to provide tax returns or other verifying documents.

METHOD C: If you don't qualify for Method A or B, you may qualify for a BOG under Method C

- The official name for BOG is BOGEFW (Board of Governors Enrollment Fee Waiver).
- ** Students who receive BOG A or BOG B may qualify for EOPS. Contact the EOPS Office regarding eligibility.

California Community Colleges 2012-2013 Board of Governors Fee Waiver Application

This is an application to have your **ENROLLMENT FEES WAIVED**. This **FEE WAIVER** is for California residents only, as determined by the Admissions or Registrar's Office. Non-California residents are not eligible for a fee waiver but may apply for other financial aid by completing the FAFSA. If you need money to help with books, supplies, food, rent, transportation and other costs, please complete a FREE APPLICATION FOR FEDERAL STUDENT AID (**FAFSA**) immediately. Contact the Financial Aid Office for more information.

The FAFSA is available at www.fafsa.gov or at the Financial Aid Office							
Has	the Admissions or Registrar's Office determined that you are a California resident?	☐ Yes	□ No				
540	te: Under the provisions of AB 131, students who are exempt from paying nonresident tuition under Education Code) will become eligible to participate in the BOG Fee Waiver program on January 1, 2013. A special application form will pose. The application will be distributed to financial aid offices on or before the January 1, 2013, eligibility date.						
Nar	ne: GCC Student ID #:						
	Last						
Ema	ail (if available): Telephone Number: ()						
Hor	ne Address: Date of Birth: / Street City Zip Code						
	PLEMENTATION OF THE CALIFORNIA DOMESTIC PARTNER RIGHTS AND RESPONSIBILITIES ACT						
part (RD hou trea	e California Domestic Partner Rights and Responsibilities Act extends rights, benefits, responsibilities and obligations to inconstruction of the content of	Domestic F o provide ir rtnership, y	Partnership ncome and				
Coc	you or your parent in a Registered Domestic Partnership with the California Secretary of State under Section 297 of the Family de? (Answer "Yes" if you or your parent are separated from a Registered Domestic Partner but have NOT FILED a Notice of mination of Domestic Partnership with the California Secretary of State's Office.)	□ Yes	□ No				
	ou answered "Yes" to the question above treat the Registered Domestic Partner as a spouse. You are required to include your me and household information or your parent's domestic partner's income and household information in Questions 4, 11, 12, 13, 13, 13, 13, 13, 14, 15, 15, 15, 16, 17, 18, 18, 18, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19						
Stu	dent Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Registered Domesti	c Partnersh	nip				
DE	PENDENCY STATUS						
info	equestions below will determine whether you are considered a Dependent student or Independent student for fee waiver eligibility rmation is needed. If you answer "Yes" to ANY of the questions 1-10 below, you will be considered an INDEPENDENT student. questions, you will be considered a Dependent student thereby reporting parental information. Continue with Question 11.						
1.	Were you born before January 1, 1989? (If "Yes," skip to question 13)	☐ Yes	\square No				
2.	As of today, are you married or in a Registered Domestic Partnership (RDP)? (Answer "Yes" if you are separated but not divorced or have not filed a termination notice to dissolve partnership. If you answer "Yes," skip to question 13.)	□ Yes	□ No				
3.	Are you a veteran of the U.S. Armed Forces or currently serving on active duty for purposes other than training? (If "Yes," skip to question 13)	□ Yes	□ No				
4.	Do you have children who will receive more than half of their support from you between July 1, 2012-June 30, 2013, 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, 2013? (If "Yes," skip to question 13)	□ Yes	□ No				
5.	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? (If "Yes," skip to question 13)	□ Yes	□ No				
6.	Are you or were you an emancipated minor as determined by a court in your state of legal residence? (If "Yes," skip to question 13)	□ Yes	□ No				
7.	Are you or were you in legal guardianship as determined by a court in your state of legal residence? (If "Yes," skip to question 13)	□ Yes	□ No				

DE	PENDENCY STATUS (Continued)					
8.	At any time on or after July 1, 2011, did your high school or school district homeles unaccompanied youth who was homeless? (If "Yes," skip to question 13)	s liaison determine that you were	e an □ Yes □ No			
9.	At any time on or after July 1, 2011, did the director of an emergency shelter or trar the U.S. Department of Housing and Urban Development determine that you were homeless? (If "Yes," skip to question 13)					
10.	At any time on or after July 1, 2011, did the director of a runaway or homeless yout program determine that you were an unaccompanied youth who was homeless or being homeless? (If "Yes," skip to question 13)					
	→ If you answered "Yes" to any of the questions 1 - 10, you are considered and must provide income and household information about yourself (and					
	→ If you answered "No" to all questions 1 - 10, complete the following ques	stions:				
11.	If your parent(s) or his/her RDP filed or will file a 2011 U.S. Income Tax Return, we claimed on their tax return as an exemption by either or both of your parents?] Will Not File □ Yes □ No			
12.	Do you live with one or both of your parent(s) and/or his/her RDP?		☐ Yes ☐ No			
	→ If you answered "No" to questions 1 - 10 and "Yes" to either question 11 or 12, you must provide income and househo 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" except this enrollment fee waiver. You may answer questions as an INI try to get your PARENT information and file a FAFSA so you may be coaid without your parent(s') information.	DEPENDENT student on the res	st of this application, but please			
ME	THOD A ENROLLMENT FEE WAIVER					
13.	Are you (the student ONLY) currently receiving monthly cash assistance for yourse TANF/CalWORKs? SSI/SSP (Supplemental Security Income/State Supplemental Program)? General Assistance?	elf or any dependents from:	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No			
14.	If you are a dependent student, are your parent(s)/RDP receiving monthly cash assistance from: TANF/CalWORKs or SSI/SSP as a primary source of income?					
	→ If you answered "Yes" to question 13 or 14 you are eligible for an ENR this form. You are required to show current proof of benefits. Complete					
ME	THOD B ENROLLMENT FEE WAIVER					
15.	DEPENDENT STUDENT: How many persons are in your parent(s)/RDP housely with your parent(s)/RDP and receives more than 50% of their support from your parent(s)/RDP and receives more than 50% of their support from your parent your your parent your your parent your your parent your your your your your your your your					
16.	INDEPENDENT STUDENT: How many persons are in your household? (Include yourself, your spouse/RDP, and anyone who lives with you and receives more than 50% of their support from you, now and through June 30, 2013.)					
17.	2011 Income Information					
	(Dependent students should not include their income information for questions 17a and 17b below.)	DEPENDENT STUDENT: PARENT(S)/ RDP INCOME ONLY	INDEPENDENT STUDENT: STUDENT (& SPOUSE'S/ RDP) INCOME			
	 a. Adjusted Gross Income (If 2011 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4). b. All other income (Include ALL money received in 2011 that is not 	\$	\$			
	 All other income (Include ALL money received in 2011 that is not included in line (a) above (such as disability, child support, military living allowance, Workman's Compensation, untaxed pensions). 	\$	\$			
	TOTAL Income for 2011 (Sum of a + b)	\$	\$			

The Financial Aid Office will review your income and let you know if you qualify for an ENROLLMENT FEE WAIVER under Method B. If you do not qualify using this simple method, you should file a FAFSA.

SPECIAL CLASSIFICATIONS ENROLLMENT FEE WAIVERS					
 Do you have certification from the CA Department of Veterans Affairs that you are eligib Submit certification. 	·	☐ Yes ☐ No			
19. Do you have certification from the National Guard Adjutant General that you are eligible <i>Submit certification</i>.20. Are you eligible as a recipient of the Congressional Medal of Honor or as a child of a rec	·	☐ Yes ☐ No			
Submit documentation from the Department of Veterans Affairs. 21. Are you eligible as a dependent of a victim of the September 11, 2001, terrorist attack?	piont:	☐ Yes ☐ No			
Submit documentation from the CA Victim Compensation and Government Claims Boar 22. Are you eligible as a dependent of a deceased law enforcement/fire suppression person		☐ Yes ☐ No			
Submit documentation from the public agency employer of record.		☐ Yes ☐ No			
→ If you answered "Yes" to any of the questions from 18-22, you are eligible other fee waivers or adjustments. Sign the Certification below. Contact the I					
CERTIFICATION FOR ALL APPLICANTS: READ THIS STATEMENT AND SIGN B	ELOW				
hereby swear or affirm, under penalty of perjury, that all information on this form is true authorized official, I agree to provide proof of this information, which may include a copmy parent's/registered domestic partner's 2011 U.S. Income Tax Return(s). I also realised be cause for the denial, reduction, withdrawal, and/or repayment of my waiver. I authoricallege, the college district, and the Chancellor's Office of the California Community Colleges.	by of my and my spouse/reging that any false statement or	istered domestic partner and/or failure to give proof when aske			
understand the following information (please check each box):					
Federal and state financial aid programs are available to help with college costs (including enrollment fees, books & supplies, transportation and roo and board expenses). By completing the FAFSA, additional financial assistance may be available in the form of Pell and other grants, work study ar other aid.					
 I may apply for and receive financial assistance if I am enrolled, either full time or part tir or transfer). 	ne, in an eligible program of st	tudy (certificate, associate degre			
☐ Financial aid program information and application assistance is available in the college fir	ancial aid office.				
Applicant Signature Date Parent Signature	(Dependent Students Only)	Date			
CALIFORNIA INFORMATION PRIVACY ACT					
State and federal laws protect an individual's right to privacy regarding information pertaining requires the following information be provided to financial aid applicants who are asked to suprequesting information on this form is to determine your eligibility for financial aid. The Chance which you are applying for aid authorize maintenance of this information. Failure to provide sof financial assistance. This form's information may be transmitted to other state agencies and the right of access to records established from information furnished on this form as it pertains	oply information about themsel ellor's Office policy and the pol uch information will delay and d the federal government if rec	lves. The principal purpose for licy of the community college to may even prevent your receipt			
The officials responsible for maintaining the information contained on this form are the final applying for financial aid. The SSN may be used to verify your identity under record keeping requires you to provide an SSN and you have questions, you should ask the financial aid off Office and the California community colleges, in compliance with federal and state laws, do origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or policies may be directed to the financial aid office of the college to which you are applying.	systems established prior to Jacer at your college for further not discriminate on the basis of	anuary 1, 1975. If your college information. The Chancellor's of race, religion, color, national			
EOD OFFICE LISE ONLY					
FOR OFFICE USE ONLY BOGFW-A □ BOGFW-B Special Classification: □ TANF/CalWORKs □ Veteran □ National Gu □ GA □ BOGFW-C □ Medal of Honor □ 9/11 Depen □ SSI/SSP □ Dep. of deceased law enforcement/fi	dent □Parent	Student is not eligible □ Need FAFSA			
Comments:		1			
oniments.					
Certified by: Date:					