CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

COLLEGE FEE WAIVER PROGRAM FOR VETERAN 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 Student E-mail: _____

Street Address:_____City:_____State:_____Zip: _____

STUDENT'S 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 "Who May Apply Under Plan B" on the next page for required statements if you entered zero on AGI and Annual Value of Support.

ANNUAL VALUE OF ANY SUPPORT RECEIVED FROM A PARENT $_____

*NOTE: Examples of support include, but are not limited to: college housing, transportation, books, school supplies, medical care etc. 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. Refer to "Who May Apply Under Plan B" on the next page for required statements, if you entered zero on AGI and Annual Value of Support.

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: _____ VETERAN'S E-mail: _____

Date of Birth:_____/____/_____ Date of Death (if applicable):____/____/____ VA Claim #:_____-_____-_____

Dates of Active Duty service FROM:_____UNTIL: _____ Service#/SSN#:_____

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 penalties 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, Internal Revenue Service, and the Franchise Tax Board, to release information regarding my service-connected disability rating and/or income to CalVet with the understanding that the department will keep such information confidential. I understand that educational benefits may be denied or found to be my responsibility to repay if any information is found to be incomplete or inaccurate.

Signature of VETERAN : _____ Date:_____/_____/_____
(If veteran is unable to sign, parent/veteran spouse must complete and attach a VSD-021)

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.

WHO MAY APPLY?

1 - Students must meet the California residency requirements as determined by the college they will attend.
AND
2 - Students who meet the requirements of *at least one* of the following plans :

PLAN A: The *spouse, unmarried child, or unmarried surviving spouse* of a veteran who is totally service-connected disabled (rating must have occurred prior to the child's 21st birthday) 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, unmarried 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. The child's income, which includes the student's **ADJUSTED GROSS INCOME, PLUS THE VALUE OF ANY SUPPORT** received from 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). In cases where the DVS 40 reports $0 AGI & $0 Value of Support, a certified statement must be completed which explains how the student affords to attend college and supports themself.

OR,

PLAN C: Any dependent or unmarried surviving spouse 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.

OR,

PLAN D: Available to Medal of Honor (also known as Congressional Medal of Honor) recipients and their children.

HOW TO APPLY:

(1) This form must be fully completed and signed by the student and the veteran. If a question does not apply, write "N/A". If veteran is unable to sign, parent/ must complete and attach a VSD-021.

(2) A child, under PLAN B, must submit either a student-**SIGNED** 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 (800-829-1040) or the Franchise Tax Board (800-852-5711) 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. For example: If applying for benefits for academic year 2017-2018, the total amount of your reported adjusted gross income and value of support from calendar year 2016 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, but are not limited to, government-issued birth certificates, adoption records, and marriage certificates. Those seeking status as an Adopted Child or as a Stepchild must have entered into such status prior to the child's 23rd birthday.

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 an application, additional information and to apply for benefits under this program, contact your local County Veterans Service Office at: www.cacvso.org.

If eligibility criteria are met, use of the CalVet College Fee Waiver for Veterans Dependents may be applied to state-supported programs in the CCC, CSU, and UC systems. Some academic programs at these institutions that are considered self-supported, commonly referred to as extension courses or extended education are not covered under the CalVet College Fee Waiver program because these courses, degrees, and certificates are neither funded by the state nor are they system-wide programs. **Veteran dependents applying for this waiver should research residency requirements and specific academic programs thoroughly before applying to the college or university.**

TO LEARN MORE ABOUT THE BENEFITS YOU HAVE EARNED, VISIT:

www.cacvso.org or www.calvet.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 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) and must be in writing, stating the reasons the benefits should be granted, and filed within 90 days after the date of the "letter of denial."