

**MODESTO JUNIOR COLLEGE
CONSENT FOR TREATMENT OF MINORS**

Any registered students under the age of 18 will be required to have a parental/guardian consent form signed before receiving any medical treatment, including dental service, except in emergencies or cases exempt by state law.

Signed consent will be retained in the College's Health Services Office.

I hereby authorize and give consent for my son or daughter to receive medical treatment, including dental service, as needed. This authorization is given in advance of any specific diagnosis, treatment or medical care being requirement or pursuant to the provisions of Family Code Section 6910-6911.

Please indicate which term and which year you are attending:

- Summer, Year _____
- Fall, Year _____
- Spring, Year _____

Student's Name (please print) _____

Student's Social Security Number _____

Date of Birth _____

Parent/Guardian Name (please print) _____

Parent/Guardian Address _____

Parent/Guardian Phone Number _____

Signature _____ **Date** _____
Parent/Guardian

2009/2010 Summer 2009, Fall 2009 & Spring 2010

California Community College

Board of Governor's

Fee Waiver Application

MJC Financial Aid Office
West Campus: Yosemite Hall 147
2201 Blue Gum Ave
Telephone (209) 575-7700
Fax (209) 575-7719

This is an application to have your **ENROLLMENT FEES WAIVED**. This **FEE WAIVER** is for California residents only. 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.ed.gov**. Application Worksheets are available at the Financial Aid Office.

Note: Students who are exempt from paying nonresident tuition under **Education Code Section 68130.5 (AB 540)** are NOT California residents. If you are NOT a California resident, you are not eligible for a fee waiver. Do not complete this application. You may apply for financial aid by completing the FAFSA.

Name: _____ MJC Student ID (or Soc Sec #) _____
Last First MI
Email (if available): _____ Telephone Number: (____) _____
Home Address: _____ Date of Birth: ____/____/____
Street City Zip Code

Has the Admissions or Registrar's Office determined that you are a California resident? Yes No

IMPLEMENTATION OF THE CALIFORNIA DOMESTIC PARTNER RIGHTS AND RESPONSIBILITIES ACT

The California Domestic Partner Rights and Responsibilities Act extends new rights, benefits, responsibilities and obligations to individuals in domestic partnerships registered with the California Secretary of State under Section 297 of the Family Code. If **you** are in a Registered Domestic Partnership (RDP), you will be treated as an Independent married student to determine eligibility for this Enrollment Fee Waiver and will need to provide income and household information for your domestic partner. If you are a dependent student and your parent is in a Registered Domestic Partnership, you will be treated the same as a student with married parents and income and household information will be required for the parent's domestic partner.

Note: These provisions apply to state student financial aid ONLY, and not to federal student financial aid.

Are you or your parent in a Registered Domestic Partnership with the California Secretary of State under Section 297 of the Family Code? (Answer "Yes" if you or your parent are separated from a Registered Domestic Partner but have **NOT FILED** a Notice of Termination of Domestic Partnership with the California Secretary of State's Office.) Yes No

If you answered "Yes" to the question above treat the Registered Domestic Partner as a spouse. You are required to include your domestic partner's income and household information or your parent's domestic partner's income and household information in Questions 4, 11, 12, 13, 14, 15, 16, and 17.

Student Marital Status: Single Married Divorced Separated Widowed Registered Domestic Partnership

DEPENDENCY STATUS

The questions below will determine whether you are considered a Dependent student or Independent student for fee waiver eligibility and whether parental information is needed. If you answer "Yes" to **ANY** of the questions 1-10 below, you will be considered an **INDEPENDENT** student. If you answer "No" to all questions, you will be considered a Dependent student thereby reporting parental information and should continue with Question 11.

1. Were you born before January 1, 1986? **Date of Birth:** _____ Yes 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. Yes No
3. Are you a veteran of the U.S. Armed Forces **or** currently serving on active duty for purposes other than training? Yes No
4. Do you have children who receive more than half of their support from you, **or** other dependents who live with you (other than your children and spouse/RDP) who receive more than half of their support from you, now and through June 30, 2010? Yes No

DEPENDENCY STATUS (Continued)

5. When you were age 13 or older, were both your parents deceased, were you in foster care or were you a dependent/ward of the court? (If "Yes," skip to question 13) Yes No
6. As of today, 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. As of today, 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
8. At any time on or after July 1, 2008, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? (If "Yes," skip to question 13) Yes No
9. At any time on or after July 1, 2008, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? (If "Yes," skip to question 13) Yes No
10. At any time on or after July 1, 2008, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? (If "Yes," skip to question 13) Yes No

• If you answered "Yes" to any of the questions 1 - 10, you are considered an **INDEPENDENT** student for enrollment fee waiver purposes and must provide income and household information about yourself (and your spouse or RDP if applicable). Skip to Question #13.

• If you answered "No" to all questions 1 - 10, complete the following questions:

11. If your parent(s) or his/her RDP filed or will file a 2008 U.S. Income Tax Return, were you, or will you be 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 household information 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" to question 12, you are a dependent student for all student aid except this enrollment fee waiver. You may answer questions as an **INDEPENDENT** student on the rest of this application, but please try to get your PARENT information and file a FAFSA so you may be considered for other student aid. You cannot get other student aid without your parent(s)' information.

METHOD A ENROLLMENT FEE WAIVER

13. Are you (the student **ONLY**) currently receiving monthly cash assistance from:
- TANF/CalWORKs? Yes No
- SSI/SSP (Supplemental Security Income/State Supplemental Program)? Yes No
- General Assistance? Yes No

→ If yes, provide your SSN, Date of Birth and Medi-Cal Card Issue Date:

SSN _____ DOB _____ Issue Date: _____

14. If you are a dependent student, are your parent(s)/RDP receiving cash assistance from TANF/CalWORKs or SSI/SSP as a primary source of income? Yes No

→ If yes, provide Parent's SSN, Date of Birth and Medi-Cal Card Issue Date:

SSN _____ DOB _____ Issue Date: _____

- If you answered "Yes" to question 13 or 14 you are eligible for an ENROLLMENT FEE WAIVER. Sign the Certification at the end of this form. You are required to show current proof of benefits. Complete a FAFSA to be eligible for other financial aid opportunities.

METHOD B ENROLLMENT FEE WAIVER

15. **DEPENDENT STUDENT:** How many persons are in your parent(s)/RDP household? (Include yourself, your parent(s)/RDP, and anyone who lives with your parent(s)/RDP and receives more than 50% of their support from your parents/RDP, now and through June 30, 2010.) _____
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, 2010.) _____

17. 2008 Income Information (<i>Do Not Estimate</i>)	<u>DEPENDENT STUDENT:</u> PARENT(S) RDP INCOME ONLY	<u>INDEPENDENT STUDENT:</u> STUDENT (& SPOUSE/RDP) INCOME
a. Adjusted Gross Income (If 2008 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 2008 that is not included in line (a) above (such as wages, disability, child support, military living allowance, workers' compensation, untaxed pensions). Don't include: TANF/Welfare, untaxed Social Security/SSI, combat pay, earned income credit or additional child tax credit.	\$ _____	\$ _____
TOTAL Income for 2008 (Sum of amounts above)	\$ _____	\$ _____

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

18. Do you have certification from the CA Department of Veterans Affairs that you are eligible for a dependent's fee waiver? *Submit certification.* Yes No
19. Do you have certification from the National Guard Adjutant General that you are eligible for a dependent's fee waiver? *Submit certification.* Yes No
20. Are you eligible as a recipient of the Congressional Medal of Honor or as a child of a recipient? *Submit documentation from the Department of Veterans Affairs.* Yes No
21. Are you eligible as a dependent of a victim of the September 11, 2001, terrorist attack? *Submit documentation from the CA Victim Compensation and Government Claims Board.* Yes No
22. Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty? *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 for an ENROLLMENT FEE WAIVER and perhaps other fee waivers or adjustments. Sign the Certification below. Contact the Financial Aid Office if you have questions.

CERTIFICATION FOR ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW

I hereby swear or affirm, under penalty of perjury, that all information on this form is true and complete to the best of my knowledge. **If asked by an authorized official, I agree to provide proof of this information, which may include a copy of my and my spouse/registered domestic partner and/or my parent's/registered domestic partner's 2008 U.S. Income Tax Return(s).** I also realize that any false statement or failure to give proof when asked may be cause for the denial, reduction, withdrawal, and/or repayment of my waiver. I authorize release of information regarding this application between the college, the college district, and the Chancellor's Office of the California Community Colleges.

By signing below, I acknowledge that I understand the following information:

Federal and state financial aid programs are available to help with college costs (including enrollment fees, books & supplies, transportation and room and board expenses). By completing the FAFSA, additional financial assistance may be available in the form of Pell and other grants, work study and other aid.

I may apply for and receive financial assistance if I am enrolled, either full time or part time, in an eligible program of study (certificate, associate degree or transfer).

Financial aid program information and application assistance is available in the college financial aid office.

Incomplete applications will be returned to the student which will delay processing.

Applicant's Signature

Date

Parent's Signature (Dependent Students Only)

Date

CALIFORNIA INFORMATION PRIVACY ACT

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them.

The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN may be used to verify your identity under record keeping systems established prior to January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at your college for further information. The Chancellor's Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.

Office Use Only

<p><i>BOGW A</i></p> <p><input type="checkbox"/> Student <input type="checkbox"/> Parent</p> <p>Aid Code _____</p>	<p><i>BOGW B</i></p> <p><input type="checkbox"/> Independent <input type="checkbox"/> Dependent</p>	<p><i>Not Eligible</i></p> <p>N/E Notified by: <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> BOGW C Already on Line</p>	<p><i>Special Classifications</i></p> <p>RDP: <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Veteran <input type="checkbox"/> Other _____</p>
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Certified & Entered By: _____

Date: _____

Comments: _____