2022-2023 APPLICATION

Get the most aid available.

Millions of dollars of financial aid go unused every year because students don't think they will qualify, which in many cases isn't true. The California College Promise Grant (CCPG) waives community college enrollment fees if you're eligible.

Fill out the **FAFSA** or the **California Dream Act** application for additional financial aid to help with other costs of attendance (books, food, rent, etc.).

YOU SHOULD APPLY IF:

- ☑ You've lived in California for at least one year, or
- You've been determined a California resident homeless youth by the Financial Aid Office, or
- ✓ You're eligible for non-resident tuition as an AB 540 or AB 1899 student, or with a "T" or "U" visa.

WHAT YOU'LL NEED:

Your or your parent's/guardian's 2020 tax information. We'll walk you through which one you'll need.

Q	START HERE ▶ This should take about 10 minutes. Answer all questions to determine your eligibility.						
1	About you	Email					
	Full Name	Phone Number					
	Student ID	Date of Birth (Format 00/00/0000)					
Q1. Q2. Q3. Q4.	Are you independent or dependent? Answer all questions to determine who's income you'll provide. Were you claimed on one of your parent's/guardian's 2020 tax return? Yes No N/A (Didn't file) Do you live with one or both of your parent(s)/guardian(s)? Yes No Were you born before January 1, 1999? Yes No Are you married or in a Registered Domestic Partnership (RDP)? Yes No Are you a veteran of the U.S. Armed Forces or currently serving on active duty for purposes other than training? Yes No Do you have children or dependents who will receive more than half of their support from you between July 1, 2022 - June 30, 2023? Yes No	 Q7. Does someone other than your parent or stepparent have legal guardianship of you? Yes					
	Income Your income and household size may qualify you for the CCPG. Dependent Student: How many people 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, 2023.) Independent Student: How many people 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, 2023.)	 Q12. 2020 Adjusted Gross Income If 2020 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 7. Q13. Other Income All other income received in 2020 including disability, child support, military living allowance, workers' compensation, untaxed pensions. Q14. Total 2020 Income Sum of the two boxes above. Q15. The information in the table above is:					

Do any of t	hese apply to yo	ou?													
If you don't qualify by income, see if you qualify through a special classification. Check all that apply .				20. I have documentation from the Department of Veterans Affairs that I received the Congressional Medal of Honor or I'm the child of a recipient.											
☐ Q16. I currently receive monthly cash assistance for myself or my dependents from:			☐ Q21.	I have documentation from the CA Victim Compensation and Government Claims Board that I'm a dependent of a											
☐ TANF (Ten CalWORK	nporary Assistance for Need s	dy Families)/	☐ Q22.	September 11, 2001 to I have documentation	from the p	oublic agency employer									
	Supplemental Security Inco plemental Program)	ome/		of record that I'm a de enforcement/fire sup line of duty.											
☐ General Assistance ☐ Q17. My parent(s)/RDP receive monthly cash assistance from TANF/CalWORKs or SSI/SSP as their sole source of income (if you're a dependent). ☐ Q18. I have certification from the CA Department of Veterans Affairs that I'm eligible for a dependent's fee waiver. ☐ Q19. I have certification from the National Guard Adjutant General that I'm eligible for a dependent's fee waiver.			 Q23. I have documentation from the Department of Corrections and Rehabilitation that I've been exonerated of a crime by writ of habeas corpus or pardon. Q24. I have documentation of record that I'm a dependent/ spouse/ Registered Domestic Partner of a deceased physician, nurse, or first responder who died of COVID-19 during the COVID-19 pandemic state of emergency in California. 												
								Signature				0 7			
								☐ I certify the information provided here is true and accurate to				Applicant's Signature			
the best of my knowledge. I will provide proof of the information I provided here if asked by a college official. I acknowledge that any false statement or failure to provide proof when asked may be cause for denial, reduction, withdrawal, and/or repayment of my enrollment fee waiver. I understand any false statement or failure to give proof when			Date												
			Parent Signature (Dependent Students Only)												
asked may be cause for the denial, reduction, withdrawal, and/or repayment of my enrollment fee waiver.															
HOW TO SUBMIT Each community college is different. Follow the submission instructions posted below.			WHAT	ТО ЕХРЕСТ											
			Apply	Submit	Revi	ew Award									
DROP-OFF LOCATION			4	Υ)									
EMAIL FORM TO ADDRESS BELOW AS A PDF ATTACHMENT AND AWAIT CONFIRMATION REPLY				Most fee waivers are processed within 1 week, check your college email after submission. Remember, if awarded, you must reapply for CCPG each academic year you are enrolled.											
YOUR PRIVACY IS IMPORTANT TO US You've trusted us with personal information and we take that seriously. The only reason we ask is to determine your financial aid eligibility. In some cases, we may ask for documentation about information you've provided here. Please respond quickly to prevent delays.			CONT	ACT											
			Email: Ad		Address	ddress:									
			Phone:												
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, immigration status, citizenship, primary language,															
or any other legally protec	ted basis. Talk to the finances se policies. You have the rig														
records established from i	nformation in this form. Th	is form's information													
required by law.	er state agencies and the fo	ederal government if													
FOR OFFICE USE ONLY			. –												
□ CCPG-A □ CCPG-B □ Special Classification □ TANF/CalWORKs □ CCPG-C □ Medal of Honor □ □ GA □ CCPG-Homeless □ Dept. of deceased/di			□Veteran		onnel	☐ Student is not eligible									
□ SSI/SSP				21 me perso		Date									
Comments:		certi	fied by:			Date:									