

**Fresno County Veteran's Service Office**

Charles Hunnicutt, County Veteran Service Officer

3845 North Clark Street, #103 Map

Fresno, CA 93726-4812

Hours: Monday - Thursday, 9:00 am - 4:00 pm

Friday, 9:00 AM - 12:00 Noon

Phone: 559-600-5436

Fax: 559-600-4080

**Madera County Veteran's Service Office**

Charles Hunnicutt, County Veterans Service Officer

200 W. 4th St. Map

Madera, CA 93637

Hours: Monday - Friday, 8:00 am - 5:00 pm

Phone: 559-675-7766

Fax: 559-675-7911

**Tulare County Veteran's Service Office**

Ken Cruickshank, County Veterans Service Officer

205 North L St. Map

Tulare, CA 93274

Hours: Monday - Thursday 7:30 am - 5:00 pm and Friday 8:00 am to 12:00 noon

Phone: 559-684-4960

Fax: 559-685-3370

**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**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Marital Status:  Married  
 Single Student's Email: \_\_\_\_\_

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 1<sup>st</sup> through December 31<sup>st</sup>): \$ \_\_\_\_\_  
(\*Note: Refer to "HOW TO APPLY" on the reverse for required statements).

ANNUAL VALUE OF SUPPORT received from a parent: \$ \_\_\_\_\_ (Note: If entering \$0.0 you must attach an explanation)  
(\*Note: Examples of support include, but are not limited to: college housing, transportation, books, school supplies, medical care, etc.)

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 determined by the U.S. Census Bureau and published by the California Department of Veterans Affairs. [National Poverty Level Amount: \$12,119]

**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 Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Branch of Service: \_\_\_\_\_ Veteran's Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN# or VA Claim #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dates of Active Duty Service FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ UNTIL: \_\_\_\_/\_\_\_\_/\_\_\_\_ Service #: \_\_\_\_\_

If the veteran is alive, current percentage of service-connected disability adjudicate 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 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 (CDVA) employees, officers, and designees to verify these documents. I hereby authorize the U.S. Department of Veterans Affairs, Department of Defense, Employment Development Department 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 VETERAN (or Parent if Veteran not available): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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. The waiver of fees is applicable only at these Colleges. Nothing shall prevent the above institutions from charging nonresidential fees.

## **WHO MAY APPLY?**

1. Students must meet the California residency requirements as determined by the school they will attend. The school will make final residency determination.
2. Students who meet the requirements of **at least one** of the following plans:

**PLAN A:** The spouse, child or unmarried surviving spouse or California certified registered domestic partner (RDP) 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 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, surviving spouse or RDP. \*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. The child's income, which includes the student's **ADJUSTED GROSS INCOME, PLUS THE VALUE OF SUPPORT** provided by a parent, **cannot exceed the "national poverty level" as published by the U.S. Census Bureau on December 31<sup>st</sup> of last year.** \*Note: This figure changes annually. To obtain the applicable national poverty level, contact your local County Veterans Service Office (CVSO).  
**OR,**

**PLAN C:** Any dependent, non-remarried surviving spouse, or current RDP 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:** Plan D Benefits are available to Congressional Medal of Honor recipients and their children.

## **HOW TO APPLY:**

1. This form must be fully completed, signed by the student and the veteran (or parent, but you must explain why the veteran is not available), and all questions must be answered. If a question does not apply, write "N/A". If neither parent is available to sign, please attaché an explanation.
2. **A Child (Student)**, 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 (800-852-5711) or the Franchise Tax Board (800-829-1040) 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 2014-2015, the total amount of your reported adjusted gross income and value of support from calendar year 2013 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 a Birth Certificate, Adoption Records, Court Order, or other Governmental Documents.

## **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 applications, information and to apply for benefits under this program, contact your local County Veterans Service Office (look in the "Government Listings" section of your telephone book under "County Government Offices"), or on their website at: [www.cacvso.org](http://www.cacvso.org).

**YOU MAY BE ENTITLED TO ADDITIONAL VETERANS BENEFITS  
TO LEARN MORE ABOUT THE BENEFITS YOU HAVE EARNED, VISIT:  
[www.veterans.ocgov.com](http://www.veterans.ocgov.com) or [www.cacvso.org](http://www.cacvso.org) or [www.calvet.ca.gov](http://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 the Military and Veterans Code, Sections 890 through 980 and 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). 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."