



**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**

**HAVE YOU APPLIED FOR THIS BENEFIT BEFORE?  YES  NO**  
**ARE YOU CURRENTLY A RESIDENT OF CALIFORNIA?  YES  NO**

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

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

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

YOUR relationship to Veteran in Section III below:

Child/Stepchild /Adopted Child  Spouse  Surviving Spouse

Are YOU (the student) a Veteran?  NO  YES (If yes, submit a copy of your separation document or DD-214)

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 HOW TO APPLY on the reverse for required statements.

ANNUAL VALUE OF SUPPORT (*housing assistance, transportation, books and supplies*) received from a parent \$ \_\_\_\_\_

\*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 calculated by the U.S. Census Bureau

**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 \_\_\_\_\_ Service Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ \ \_\_\_\_ / \_\_\_\_ Date of Death (if applicable): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dates of Active Duty service FROM: \_\_\_\_\_ UNTIL: \_\_\_\_\_ VA Claim #: \_\_\_\_\_

If Veteran is alive, current degree (percentage) of service-connected disability adjudicated by the military or *USDVA*: \_\_\_\_\_%

If 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 Veteran Affairs (CDVA) employees, officers and designees to verify these documents. I hereby authorize the U.S. Department of Veteran Affairs, 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 **PARENT OR VETERAN**: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of **STUDENT**: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_