



2020-2021 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 M 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 2018 tax information. We'll walk you through which one you'll need.

START HERE Finite 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)

Are you independent or dependent?

Answer all questions to determine who's income you'll provide.

- Q1. Were you claimed on one of your parent's/guardian's 2018 tax return? Yes No N/A (Didn't file)
- Q2. Do you live with one or both of your parent(s)/guardian(s)? Yes No
- Q3. Are you 24 years of age or older as of January 1, 2020? Yes No
- Q4. Are you married or in a Registered Domestic Partnership (RDP)? Yes No
- Q5. Are you a veteran of the U.S. Armed Forces or currently serving on active duty for purposes other than training? Yes No
- O6. Do you have children or dependents who will receive more than half of their support from you between July 1, 2020 - June 30, 2021? Yes No

💱 Income

Your income and household size may qualify you for the CCPG.

Q10. 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, 2021.)

Q11. 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, 2021.)

Q7. Does someone other than your parent or stepparent have legal guardianship of you?

> Yes No

Q8. At any time since you turned age 13, were both of your parents deceased, were you in foster care, a dependent or ward of the court, or an emancipated minor? Yes

No

Q9. Since July 1, 2019, were you determined an unaccompanied youth who was homeless by a high school, district, or college homeless liaison, or a director of an emergency shelter, or a runaway or homeless youth basic center or transitional living program? Yes No

If you answered no or didn't file to both Q1 and Q2, or yes to any in Q3-Q9, you're considered INDEPENDENT. Use your income in the next section.

Otherwise, you're considered DEPENDENT: use your parent'(s)/guardian's income in the next section.

Q12. 2018 Adjusted Gross Income

	If 2018 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 7.	
13.	Other Income All other income received in 2018 including disability, child support, military living allowance, workers' compensation, untaxed pensions.	

014. Total 2018 Income Sum of the two boxes above.

Q

Q15. The information in the table above is:

my (or my and my spouse's/RDP's) income

parent(s)'/guardian(s)' income

Do any of these apply to you?

If you don't qualify by income, see if you qualify through a special classification. **Check all that apply**.

- Q16. I currently receive monthly cash assistance for myself or my dependents from:
 - TANF (Temporary Assistance for Needy Families)/ CalWORKs
 - SSI/SSP (Supplemental Security Income/ State Supplemental Program)
 - 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.

🛃 Signature

- □ I certify the information provided here is true and accurate to the best of my knowledge.
- □ I will provide proof of the information I provided here if asked by a college official.
- □ I understand any false statement or failure to give proof when 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.

DROP-OFF LOCATION

EMAIL FORM TO ADDRESS BELOW AS A PDF ATTACHMENT AND AWAIT CONFIRMATION REPLY Please submit from MySolano Account > Financial Aid Tab > Financial Aid Form Upload (Submittable Box) OR fax to (707) 646-2071 (Financial Aid FAX)

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.

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 protected basis. Talk to the financial aid office if you have questions about these policies. You have the right to access any records established from information in this form. This form's information may be transmitted to other state agencies and the federal government if required by law.

- Q19. I have certification from the **National Guard Adjutant General** that I'm eligible for a dependent's fee waiver.
- Q20. 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.
- Q21. I have documentation from the CA Victim Compensation and Government Claims Board that I'm a **dependent of a September 11, 2001** terrorist attack victim.
- Q22. I have documentation from the public agency employer of record that I'm a **dependent of a deceased law enforcement/fire suppression** personnel killed in the line of duty.
- 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.

Applicant's Signature		
Date		
Parent Signature (Deper	ndent Students Only)	
Date		
WHAT TO EXPECT		



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.

CONTACT

Email:

FinancialAid@Solano.edu

Phone:

(707) 864-7103 FAX: (707) 646-2071

Address:

4000 Suisun Valley Rd. Building 400, Rm. 425

Fairfield, CA 94534

FOR OFFICE USE ONLY							
 CCPG-A TANF/CalWORKs GA SSI/SSP 	CCPG-B CCPG-C CCPG-Homeless	 Special Classification National Guard Dependent Medal of Honor Veteran 9/11 Dependent Dept. of deceased/disabled law enforcement or fire personnel 	Student is not eligible				

Certified by: