



Veterans Affairs Center
 4000 Suisun Valley Road, Fairfield, CA 94534
 Phone #: (707) 864-7105 Fax #: (707) 646-2092
 Email: Veterans@solano.edu

Chapter 33 Dependent New Student Enrollment Checklist

HAVE YOU EVER USED YOUR BENEFITS BEFORE? Yes/No

SCC Campus To Do List:

- Complete Application for Admission via Online (www.solano.edu,)
 Required Prior to appointment with Veterans Counselor
- Obtain Username, Password, & SCC email address
- Request Transcripts from previous school(s) to be sent to Admissions and Records **Unofficial Transcripts REQUIRED to be brought to appt. with Veterans Counselor**
- New Student Orientation Can be completed online or in person. Please print confirmation of completed orientation to submit to the Veterans Affairs Center (<http://www.solano.edu/orientation/>)
 Exempt if previously attended college.
- Take the English and Math Assessment/Complete the Online or In Person Orientation.
 ** Required prior to appt. with Veterans Counselor. Exempt needed if English and/or Math course(s) were taken at another college**
- Schedule an appointment with the SCC Veteran Affairs Center to meet with a VA Counselor for an Education Plan (Required in order to receive Veterans Education Benefits)
- Register for classes
- View/Print Schedule and Bill Apply for Financial Aid (<http://www.fafsa.ed.gov>)
 Recommended

Your SCC Veterans Center To Do

List: Complete and Submit

- Certificate of Eligibility (Complete GI Bill application at www.vets.gov if no Certificate of Eligibility.)
 - VA Form 22 – 1990E Never used benefits before (Print copy with confirmation for Veterans Affairs Center records. Will be used as a placeholder until student receives COE)
 - VA Form 22 – 1995 – Previously used benefits (Print copy with confirmation for Veterans Affairs Center records. Will be used as a placeholder until student receives COE)
- DOD Transferability Approval (only needed if no COE)
- Complete Veterans Online Benefit Overview Please print confirmation of completed orientation to submit to the Veterans Affairs Center.
 (<http://www.solano.edu/veterans/index.php>)
- Transcripts bring copies of any unofficial transcripts you have from previous colleges
- Complete Transcripts and Student Obligation Form
- Complete Intake Form
- Complete Enrollment Status Form
- Copy of Schedule and Bill (Printed from MySolano Acct. under Student Tab)

**** Submit copy of Certificate of Eligibility when received if not available at time of New Student Packet Submission****

Dependent Children Only Complete Cal Vet Fee Waiver application form DVS 40 and submit it to the Solano County Veteran Affairs Office.



Veterans Education Benefit Monthly Pay Rate Effective October 1, 2017

Veterans Affairs Center
4000 Suisun Valley Road,
Fairfield CA, 94534-3197
Office: (707) 864-7105 Fax: (707) 646-2092

Spring & Fall Term Units: Full-time = 12+, ¾ Time = 9 – 11, ½ Time = 6 – 8

Chapter 30 (3 years or more of Service)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1,928.00	\$1,446.00	\$928.50	Tuition & Fees only
Chapter 30 (Less than 3 years of Service)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1,566.00	\$1,174.50	\$783.00	Tuition & Fees only

Chapter 31 (Note 2015 amount. No update from VA Voc Rehab)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate No Dependents	\$617.40	\$463.90	\$310.40	N/A
One Dependent	\$765.83	\$575.21	\$384.59	N/A
Two Dependents	\$902.48	\$674.73	\$452.06	N/A

Add for additional dependents Full-time=\$65.77, 3/4 time=\$50.59 & ½ time=\$33.75

Chapter 33													
BAH rates vary according to number of units enrolled. Anything under full time will be prorated.													
To receive <i>FULL</i> BAH for a regular semester you need to have 12+ units, you will <i>NOT</i> receive BAH if you are below 6.5 units. To calculate your BAH rate using the chart, multiply your full BAH rate by the multiplier under the number of units in which you are enrolled. (EX: If your full BAH rate is \$2,346.00 per month and you are enrolled in 9 units you would use 2346 x .8)													
Units	≥12	11.5	11	10.5	10	9.5	9	8.5	8	7.5	7	6.5	6.5>
Multiplier	1	1	.9	.9	.8	.8	.8	.7	.7	.6	.6	.5	0

Chapter 35				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1,041.00	\$780.00	\$519.00	Tuition & Fees only

Chapter 1606				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$375.00	\$281.00	\$187	\$93.75

Chapter 1607				
Enrollment Status	Full-Time	¾ Time	½ Time	Less Than ½ time
Monthly Rate for service of 2 years or more	\$1,542.40	\$1,156.80	\$771.20	Tuition & Fees only
Service of 1 year but less than 2 years	\$1,156.80	\$867.60	\$578.40	Tuition & Fees only
Service of 90 days but less than 1 year	\$771.20	\$578.40	\$385.60	Tuition & Fees only

ACCELERATED COURSE PAY RATE FOR SEMESTER TERMS

All Chapters					
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time	Min. Req. for BAH
10-Week Course	7 units	5 units	3.5 units	<3.5 units	3.5 units
9-Week Course	6 units	4.5 units	3 units	<3 units	3.5 units
8-Week Course	5.5 units	4 units	3 units	<3 units	3 units
7-Week Course	5 units	3.5 units	2.5 units	<2.5 units	3 units
6-Week Course	4 units	3 units	2 units	<2 units	2.5 units
5-Week Course	3.5 units	2.5 units	2 units	<2 units	2 units
4-Week Course	3 units	2 units	1.5 units	<1.5 units	1.5 units
3-Week Course	2 units	1.5 units	1 units	<1 units	1.5 units

**** Calculations based on: (# Credits × 18 ÷ weeks = credit hour equivalents) with 6 being ½ time. ****





Solano Community College

Revised:
07/17/2017

2017-2018 Costs

Estimated Cost of Attendance	\$0 - \$20,757 / yr
Tuition and fees	\$0- \$1,104
Housing and meals	\$0 - \$13,293
Books and supplies	\$0 - \$1,854
Transportation	\$0 - \$1,500
Other education costs	\$0 - \$3,006

Grants and scholarships to pay for college

Total Grants and Scholarships (Gift Aid; no repayment needed)	\$0 - \$9,192 / yr
Grants from your school	\$0 - \$600
Federal Pell Grant	\$0 - \$5,920
Grants from your state	\$0 - \$2,672
Other scholarships you can use	Amount Varies

What will you pay for college:

Cost of attendance - total grants and scholarships = **Total net cost***

Estimated Family Contribution (EFC) \$0 - 99,999 / yr
(As calculated by the institution based on information reported on the FAFSA)

Self-help financial aid options to pay net costs:

Work options

Work-study (Federal, state, or institutional) \$0 - \$4000

Loan options*

Federal Perkins Loan	Not Offered
Federal Direct Subsidized Loan	\$0 - \$4,500
Federal Direct Unsubsidized Loan	\$0 - \$6,000

Graduation Rate

Percentage of full-time students who graduate within 2 years



Loan Default Rate

Percentage of borrowers entering repayment and defaulting on their loan.

15.1%



This institution

11.3%



National %

Median Borrowing

Students who borrow at SCC typically borrow \$11,829 in Federal loans for their undergraduate study.

The typical monthly loan payment over a 10-year standard repayment for this amount is approximately \$121 per month. Your loan amounts may be different.

Source: www.collegescorecard.gov

Repaying your loans:

To learn about loan repayment choices and work out your Federal Loan monthly payment, go to:
<http://studentaid.ed.gov/repay-loans/understand/plans>

For more information and next steps:

Solano Community College

Financial Aid office
4000 Suisun Valley Rd
Fairfield CA, 94534
(707)864-7103
www.solano.edu

*This information is an estimated total of costs; for individual costs and to qualify for aid, please file a FAFSA at www.fafsa.ed.gov.



Advance Payment Request Form

Veterans Affairs Center
4000 Suisun Valley Road, Building 400, Room 429
Fairfield, Ca 94535-3197
Office: (707) 864-7105 Fax: (707) 646-2092
Veterans@solano.edu

Student Name		SSN	Student ID	
Address		City	State	Zip
VA File # (if dependent)	Phone	Email		
Term to be certified: <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____				
Benefits: <input type="checkbox"/> Ch 30 <input type="checkbox"/> Ch 31 <input type="checkbox"/> Ch 35 <input type="checkbox"/> Ch 1606				

When requesting Advance Pay the student receives 6-weeks of their education benefit stipend in advance. By signing below I understand the process and it has been explained to me by the Veterans Affairs Center staff.

Student Signature: _____ Date: _____

Receipt of Advance Payment Check
(Complete this portion after check is received.)

I certify that I am enrolled in _____ units and have notified the Veterans Affairs Office of any change in my enrollment status.

Student Signature: _____ Date: _____

For VA Office use only after check is received *(attach photo copy of check)*

Were there changes to enrollment? No ___ Yes ___ Explain: _____

(If student is not enrolled DO NOT ISSUE check!)

Date check given to student: _____
Enrollment Status Form and Schedule/Receipt Required.

Issuer Signature: _____

Dates of attempts to contact student when check was received by VA Office:
_____, _____, _____, _____, _____, _____, _____, _____

Additional Comments:



Transcript and Student Obligation Form

Veterans Affairs Center
4000 Suisun Valley Road, Fairfield CA, 94534-3197
Office: (707) 864-7105 Fax: (707) 864-7220
Veterans@solano.edu

NAME: _____ SCC ID#: _____ Last four of SSN: _____

TRANSCRIPT INFORMATION:

Did you attend a previous college other than Solano Community College? YES NO

Do you have a degree (undergraduate and or graduate)? YES NO

Office use only

<u>Name of College</u>	<u>In File</u>	<u>Date Recv'd</u>	<u>Int</u>

_____ I understand that I am ***required*** to have an Education Plan written by a VA-approved counselor prior to being certified.

_____ I understand that I am ***required*** and that it is ***my*** responsibility to have any and all Official Transcripts sent to Solano Community College, Admissions and Records prior to my third semester of using my Education Benefits. A failure to do so will result in an interruption in my Education Benefits.

_____ I understand that it is ***my*** responsibility to complete a Status Form with the Solano Community College, Veterans Affairs Center each semester in order to continue my Education Benefits. A failure to do so will result in an ***interruption in my Education Benefits***.

_____ I understand that I am ***required*** to inform the Solano Community College, Veterans Affairs Center of any and all changes to my schedule during the Semester. A failure to do so may result in an overpayment on my part, which would result in a debt with the US Department of Veterans Affairs.

_____ I understand that if I am receiving Chapter 30 or Chapter 1606 Benefits, I am ***required*** to verify my enrollment at the end of each month. A failure to do so will result in an interruption in my benefits. (Verification of Enrollment Information: 1-877-823-2378 or <https://www.gibill.va.gov/wave/default.cfm>)

_____ I authorize any staff member in the Solano Community College, Veterans Affairs Center to discuss my case with any US Department of Veterans Affairs Representative.

I understand that by signing this form I am acknowledging that I have read all information thoroughly and understand what information has been provided to me.

Signature _____

Date _____



Intake Form

Veterans Affairs Center
 4000 Suisun Valley Road, Building 400, Room 429
 Fairfield, CC 94535-3197
 Office: (707) 864-7105 Fax: (707) 646-2092
 Veterans@solano.edu

Name		Last four of SSN		Student ID	
Address			City		State Zip
VA File # (If dependent)		Phone		Email	
Term to be certified: <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____					
Benefits: <input type="checkbox"/> Ch 30 <input type="checkbox"/> Ch 31 <input type="checkbox"/> Ch 33 Vet <input type="checkbox"/> Ch 33 Dep <input type="checkbox"/> Ch 35 <input type="checkbox"/> Ch 1606					
(If dependent, are you: Spouse or Child)					
Veterans:					
Branch of Service: _____			Discharge Date: _____		
Do you have a disability rating with the VA? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Do you have health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes					

Are you interested in information about (check any that apply):

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Book Assistance | <input type="checkbox"/> Food Sources |
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Free Tutoring | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Disability Claims | <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Legal Aid |

Signature	Date
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****VETERANS AFFAIRS CENTER STAFF ONLY****

<i>Referrals Made:</i>					
appt date:	Financial Aid	appt date:	Book Assistance (EOPS)	appt date:	Food Sources (CAN-B)
	Vocational Rehabilitation (Amy)		Free Tutoring (ASC & TC)		Housing (CAN-B & BTL)
	Disability Claims (SCVO)		Personal Counseling (Jeri)		Legal Aid (CAN-B)
	Health Insurance (VA or Medi-Cal)		DSPS (Carolyn)		Work-study Assistance

Notes:



Enrollment Status Form

Veterans Affairs Center
 4000 Suisun Valley Road, Bldg 400 Rm 429 Fairfield, Ca 94534 – 3197
 Office: (707) 864-7105 Fax: (707) 646-2092
 Email: Veterans@solano.edu

Name		SSN		Student ID		
Address		City		State	Zip	
VA File # (If dependent)		Phone		Email		
Term to be certified: <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__ <input type="checkbox"/> Fall 20__						
Benefits: <input type="checkbox"/> Ch 30 <input type="checkbox"/> Ch 31 <input type="checkbox"/> Ch 33 Vet <input type="checkbox"/> Ch 33 Dep <input type="checkbox"/> Ch 35 <input type="checkbox"/> Ch 1606 <input type="checkbox"/> Fry Scholarship						
(If dependent, are you: Spouse or Child)						
Courses Added (e.g. Engl 001)	Units	Office Use	Course Dropped	Units	Today's Date	Office Use
Total				Total		

Advance Payment (Ch 30, 31, 35, and 1606 ONLY): Do you want advance payment of benefits? Yes No

(Advance Payment Requirements: There's more than **30 days** between terms and break pay won't be paid, **and** the student is enrolled at least halftime, **and** the VA receives the advance payment request at least **30 days** but not more than 120 days before the enrollment period.)

Read and Initial:

_____ I understand that I am required and that it is my responsibility to have any and all **Official Transcripts** sent to Solano Community College, Admissions and Records **prior to my third semester** of using my Education Benefits. A failure to do so will result in an interruption in my Education Benefits.

_____ I understand that it is my responsibility to complete a Status Form with the Solano Community College, Veterans Affairs Center each semester in order to continue my Education Benefits. A failure to do so will result in an interruption in my Education Benefits.

_____ I understand that I am required to inform the Solano Community College, Veterans Affairs Center of any and all changes to my schedule during the Semester. A failure to do so may result in an overpayment on my part, which would result in a debt with the US Department of Veterans Affairs.

_____ I understand that if I am receiving Chapter 30 or Chapter 1606 benefits, I am required to verify my enrollment at the end of each month. A failure to do so will result in an interruption in my benefits. (Verification of Enrollment Information: 1-877-823-2378 or <https://www.gibill.va.gov/wave/default.cfm>)

_____ I understand that if I am enrolled in a variable unit course, I will only be paid for 1 unit through the end of the term. Once the grade is posted for all completed units, I will receive back pay from the first day of the semester.

_____ I understand that I am required and that it is my responsibility to submit a copy of my Certificate of Eligibility for my education benefit within one semester of utilizing the benefit. A failure to do so may result in an interruption in my Education Benefits.

I understand that by signing this form I am acknowledging that I have read all information thoroughly and understand what information has been provided to me. I certify that: I am legally enrolled in the above courses, I am not repeating any course for which I have previously received credit, and all information provided is current and correct.

SIGNATURE _____

DATE _____

State of California College Fee Waiver Program

Documents Required to Process Fee Waiver Applications

Student's Name _____

Veteran's Name _____

1. Completed application (DVS 40) signed by student and veteran/parent. _____
2. Verification of veteran's Service Connected disability. _____
3. Student's birth certificate. _____
4. Verification of student's income for _____ (Year). _____

*A. Complete copy of IRS Form 1040 that was filed with the IRS
Or copy of California Franchise Tax Board (FTB) Form 540.*

THE TAX FORM MUST BE A SIGNED & DATED COPY OF THE ORIGINAL

If you do not have a copy of the return:

*B. Statement from IRS showing the Adjusted Gross Income.
Do not ask for a copy of the return, just ask for a statement,
as it is faster.*

If you did not file a return:

*C. Statement from IRS or the FTB stating that there is no record of a
Return filed for that particular year. Must be dated after April 15.*

***IRS TELEPHONE # 1-800-829-1040

***FTB TELEPHONE # 1-800-852-5711

NOTE: ONLY ONE SCHOOL PER APPLICATION

For Veterans Service Office Only

Fee Waiver issued previously by Solano County VSO? _____

If yes, what Academic Year _____ and which school? _____

Supporting documents are attached / on file.

Signature _____

Date _____

Auditable Unit Yes No

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

COLLEGE FEE WAIVER PROGRAM FOR VETERAN DEPENDENTS

PLEASE READ THE INSTRUCTIONS AND INFORMATION
CONTAINED ON THE REVERSE SIDE



I. STUDENT INFORMATION

Last Name: _____ First: _____ MI: _____ Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ Phone #: () _____ - _____ Marital Status: Married Single Student E-mail: _____

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 1st through December 31st): \$ _____

*NOTE: Refer to "Who May Apply Under Plan B" on the next page for required statements if you entered zero on AGI and Annual Value of Support.

ANNUAL VALUE OF ANY SUPPORT RECEIVED FROM A PARENT \$ _____

*NOTE: Examples of support include, but are not limited to: college housing, transportation, books, school supplies, medical care etc. 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. Refer to "Who May Apply Under Plan B" on the next page for required statements, if you entered zero on AGI and Annual Value of Support.

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: _____ VETERAN'S E-mail: _____

Date of Birth: ____/____/____ Date of Death (if applicable): ____/____/____ VA Claim #: _____ - _____ - _____

Dates of Active Duty service FROM: _____ UNTIL: _____ Service#/SSN#: _____

If the veteran is alive, current percentage of service-connected disability adjudicated 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 penalties 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 Affairs (CalVet) employees, officers, and designees to verify these documents. I hereby authorize the U.S. Department of Veterans Affairs, Department of Defense, Internal Revenue Service, and the Franchise Tax Board, to release information regarding my service-connected disability rating and/or income to CalVet with the understanding that the department will keep such information confidential. I understand that educational benefits may be denied or found to be my responsibility to repay if any information is found to be incomplete or inaccurate.

Signature of VETERAN : _____ Date: ____/____/____

(If veteran is unable to sign, parent/veteran spouse must complete and attach a VSD-021)

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.

WHO MAY APPLY?

1 - Students must meet the California residency requirements as determined by the college they will attend.

AND

2 - Students who meet the requirements of *at least one* of the following plans :

PLAN A: The *spouse, unmarried child, or unmarried surviving spouse* of a veteran who is totally service-connected disabled (rating must have occurred prior to the child's 21st birthday) 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, unmarried surviving spouse. ***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. The child's income, which includes the student's **ADJUSTED GROSS INCOME, PLUS THE VALUE OF ANY SUPPORT** received from a parent, *cannot exceed the "national poverty level" as published by the U.S. Census Bureau on December 31st of last year.* ***NOTE:** This figure changes annually. To obtain the applicable national poverty level, contact your local County Veterans Service Office (CVSO). In cases where the DVS 40 reports \$0 AGI & \$0 Value of Support, a certified statement must be completed which explains how the student affords to attend college and supports himself.

OR,

PLAN C: Any dependent or unmarried surviving spouse 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: Available to Medal of Honor (also known as Congressional Medal of Honor) recipients and their children.

HOW TO APPLY:

(1) This form must be fully completed and signed by the student and the veteran. If a question does not apply, write "N/A". If veteran is unable to sign, parent/ must complete and attach a VSD-021.

(2) A child, under PLAN B, must submit either a student-**SIGNED** 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 (800-829-1040) or the Franchise Tax Board (800-852-5711) 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. For example: If applying for benefits for academic year 2017-2018, the total amount of your reported adjusted gross income and value of support from calendar year 2016 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, but are not limited to, government-issued birth certificates, adoption records, and marriage certificates. Those seeking status as an Adopted Child or as a Stepchild must have entered into such status prior to the child's 23rd birthday.

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 an application, additional information and to apply for benefits under this program, contact your local County Veterans Service Office at: www.cacvso.org.

If eligibility criteria are met, use of the CalVet College Fee Waiver for Veterans Dependents may be applied to state-supported programs in the CCC, CSU, and UC systems. Some academic programs at these institutions that are considered self-supported, commonly referred to as extension courses or extended education are not covered under the CalVet College Fee Waiver program because these courses, degrees, and certificates are neither funded by the state nor are they system-wide programs. **Veteran dependents applying for this waiver should research residency requirements and specific academic programs thoroughly before applying to the college or university.**

TO LEARN MORE ABOUT THE BENEFITS YOU HAVE EARNED, VISIT:

www.cacvso.org or 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 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) and must be in writing, stating the reasons the benefits should be granted, and filed within 90 days after the date of the "letter of denial."