



## Chapter 35 & Fry Scholarship New Student Checklist

### Veterans Resource Center

Building 2700, Room 2750

4000 Suisun Valley Road

Fairfield, CA 94534

Office: (707) 864-7105 Fax: (707) 646-2092

E-mail: [veterans@solano.edu](mailto:veterans@solano.edu) Website: [www.solano.edu/veterans](http://www.solano.edu/veterans)

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### Solano Community College (SCC) To-Do List

- Complete Application for Admission/Readmission <https://welcome.solano.edu/ar-apply/>.
  - **New Students:** Your SCC Student ID #, Username, and Password will be e-mailed to you within 30 min – 24 hours.
  - **Returning Students:** If you've previously applied for admission and did not attend for 1 or more semesters, you will need to apply for readmission.
- Submit **UNOFFICIAL** transcripts from all previous colleges.
  - You have two semesters to submit **OFFICIAL** transcripts to the school before we can't certify your enrollment to the VA anymore.
- Schedule an appointment with the SCC Veterans Resource Center to go over the paperwork & schedule appointment with VA approved education plan counselor.
- Complete the New Student Online Orientation at <http://www.solano.edu/orientation/>
- Register for classes based on approved VA Education Plan.
- Apply for Financial Aid <https://studentaid.gov/>

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### SCC Veterans Center To-Do List

- Verification of Entitlement:
  - **Never used the benefit:** Certificate of Eligibility – OR – fill out the application, VA Form 22-5490, on VA.gov <https://www.va.gov/education/apply-for-education-benefits/application/5490/introduction> **SAVE/PRINT/TAKE A SCREENSHOT** of the confirmation page and provide us with a copy.
    - If you DON'T have the certificate of eligibility yet, provide verification of the veteran's Service-connected disability.
    - You have one semester to submit a Certificate of Eligibility to the school before we can't certify your enrollment to the VA anymore.
  - **Previously used the benefit:** Certificate of Eligibility is **REQUIRED**.
- Complete the Veterans Online Benefit Overview at <http://www.solano.edu/veterans/overview/>
- Sign or acknowledge receipt of approved VA Education Plan after it's been reviewed and e-mailed to you.
- Schedule and Bill from <http://my.solano.edu> -> Student Tab -> Registration Box -> View/Print Schedule and Bill.
- Fill out all the forms included in the **Chapter 35 & Fry Scholarship New Student Packet**.
  - For Chapter 35 – Ensure you include the VA File Number (the Veterans SSN) and your relationship to the veteran on the Intake Form.
- Dependent Children Only:* The last 3 pages are a checklist/application for the CalVet Fee Waiver (CVFW) which you could also be eligible for. Please read the CVFW checklist for specific submission instructions.

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### Registration Tools:

- Course Search Tool: [https://ssb.solano.edu/PROD/syk\\_class\\_finder.p\\_basic\\_search](https://ssb.solano.edu/PROD/syk_class_finder.p_basic_search)
- MySolano Portal: <http://my.solano.edu>
- Video on searching for/adding classes: <https://welcome.solano.edu/vrc-video-resources/>
- Veterans Resource Center Forms: <https://welcome.solano.edu/vrc-forms/>



## Veterans Education Benefit Monthly Pay Rate Effective October 1, 2022

Veterans Resource Center  
Building 2700 Room 2750  
4000 Suisun Valley Road  
Fairfield, CA 94534-3197  
Office: (707) 864-7105 Fax: (707) 646-2092  
E-mail: [veterans@solano.edu](mailto:veterans@solano.edu) Website: [www.solano.edu/veterans](http://www.solano.edu/veterans)

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

Chapter 30 – Montgomery GI Bill (3 years or more of Service)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$2,210.00	\$1,657.50	\$1,105.00	Tuition & Fees only
Chapter 30 – Montgomery GI Bill (Less than 3 years of Service)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1,793.00	\$1,344.75	\$896.50	Tuition & Fees only

Chapter 31 – Veterans Readiness & Employment (VRE)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate No Dependents	\$723.56	\$543.68	\$363.77	N/A
One Dependent	\$897.51	\$674.11	\$450.71	N/A
Two Dependents	\$1,057.65	\$790.75	\$529.79	N/A

\*\*Add for additional dependents Full-time=\$77.01, 3/4 time=\$59.30 & ½ time=\$39.55\*\*

Chapter 33 – Post 9/11 GI Bill													
<p><b>BAH rates vary according to number of units enrolled. Anything under full time will be prorated.</b></p> <p>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 that are authorized by the VA. EX: If your full BAH rate is \$2,910.00 per month and you are enrolled in 9 units you would use <math>2910 \times .8 = 2,328</math></p> <p>BAH rate for <i>exclusively online training</i> (no classroom instruction) is \$917 per month.</p>													
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 – Dependents Educational Assistance				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1,401.00	\$1,107.00	\$812.00	Tuition & Fees only

Chapter 1606 – Montgomery GI Bill Selected Reserve				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$439.00	\$329.00	\$219.00	\$109.75

Monthly Pay Rates Obtained From: [https://www.benefits.va.gov/gibill/resources/benefits\\_resources/rate\\_tables.asp](https://www.benefits.va.gov/gibill/resources/benefits_resources/rate_tables.asp)  
<https://www.va.gov/education/gi-bill-comparison-tool/> (Chapter 33)  
[https://www.benefits.va.gov/vocrehab/subsistence\\_allowance\\_rates.asp](https://www.benefits.va.gov/vocrehab/subsistence_allowance_rates.asp) (Chapter 31)

**ACCELERATED COURSE PAY RATE FOR SEMESTER TERMS**

<b>All Chapters</b>					
<b>Enrollment Status</b>	<b>Full-Time</b>	<b>¾ Time</b>	<b>½ Time</b>	<b>Less than ½ time</b>	<b>Min. Req. for BAH</b>
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 unit	<1 unit	1.5 units

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





# Transcript and Student Obligation Form

## Veterans Resource Center

Building 2700, Room 2750

4000 Suisun Valley Road

Fairfield, CA 94534

Office: (707) 864-7105 Fax: (707) 646-2092

E-mail: veterans@solano.edu Website: www.solano.edu/veterans

Full Name	Last 4 SSN	Student ID
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### 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

Name of College(s)	OFFICE USE ONLY		
	In File	Date Rcvd	Initials
<input type="checkbox"/> Joint Service Transcript (Army, Coast Guard, Marines, Navy) <b>-OR-</b> <input type="checkbox"/> Community College of the Air Force (Air Force) are required for veterans.			

### Read, understand, and Initial Each Line to agree:

\_\_\_\_\_ I understand that if I am receiving Chapter 33 benefits, I am required to contact the regional VA Education Office at 1-888-442-4551 at the end of every month to verify my enrollment. A failure to do so will result in an interruption in my benefits.

\_\_\_\_\_ 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 to have any and all **Official Transcripts** sent to Solano Community College **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 an Enrollment Status Form with the Veterans Resource 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 Veterans Resource Center of all changes to my schedule. A failure to do so may result in an overpayment on my part which will result in a debt to 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. Contact: 1-877-823-2378 or [www.gibill.va.gov/wave](http://www.gibill.va.gov/wave)

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

\_\_\_\_\_ I understand that I am required 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 if I drop any course(s) that changes my rate of pursuit, I will be required to pay a portion or all of my MHA or Monthly Stipend effective the first day of the semester to the VA.

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 Resource Center

Building 2700, Room 2750

4000 Suisun Valley Road

Fairfield, CA 94534

Office: (707) 864-7105 Fax: (707) 646-2092

E-mail: veterans@solano.edu Website: www.solano.edu/veterans

Full Name		Student ID	
Full SSN		Date of Birth	
VA File Number (Veterans SSN – CH35 Only)		CH35 Only—Are you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Address		City	State
Phone		Zip	
Phone		Email	

**If you are the Veteran:**

Branch of Service: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Do you have a disability rating with the VA?  No  Yes

Do you have health insurance?  No  Yes

Is your health insurance through the VA?  No  Yes

**CHECK ALL THAT APPLY: Are you interested in information about...**

- |   |   |                                       |  |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Financial Aid        | <input type="checkbox"/> VA Healthcare            | <input type="checkbox"/> Food Sources | <input type="checkbox"/> Book Assistance   |
| <input type="checkbox"/> VR&E (CH31)          | <input type="checkbox"/> Free Tutoring            | <input type="checkbox"/> Housing      | <input type="checkbox"/> EDD Unemployment  |
| <input type="checkbox"/> VA Disability Claims | <input type="checkbox"/> Personal Counseling      | <input type="checkbox"/> Legal Aid    | <input type="checkbox"/> Solano County VSO |
| <input type="checkbox"/> Work Study           | <input type="checkbox"/> Classroom Accommodations | <input type="checkbox"/> Other: _____ |  |

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*VETERANS RESOURCE CENTER STAFF ONLY\*\***

*Referrals Made*

	Financial Aid
	Vocational Rehabilitation
	Disability Claims
	Health Insurance
	Free Tutoring

	Personal Counseling
	Food Sources
	Housing
	Legal Aid
	Book Assistance

	EDD Unemployment
	VSO
	Work-Study
	Other
	Accommodations (ACS)

**Notes:**

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## **COURSE WITHDRAW POLICY**

Prior to withdrawing from any of your courses, please contact the Veterans Resource Center to ask how the withdraw will **impact you financially.**

## **CHAPTER 33 – POST 9/11 GI BILL (CH33) RECIPIENTS**

### **MONTHLY ENROLLMENT VERIFICATION REQUIREMENT**

All CH33 recipients are **REQUIRED** to verify their enrollment through the VA at the end of every month to receive your monthly housing allowance.

You can call them at the end of every month, or you can opt into text message verification.

To call them and to opt into text message verifications you will need to contact the Muskogee VA Regional Office at 1-888-442-4551.

**Failure to verify your enrollment 2 months in a row will result in the VA withholding your monthly housing allowance until you contact them.**

For more information on the requirement to verify your enrollment at the end of every month please visit the VA's website at:

[https://benefits.va.gov/gibill/isaksonroe/verification\\_of\\_enrollment.asp](https://benefits.va.gov/gibill/isaksonroe/verification_of_enrollment.asp)

### **IN-PERSON CLASS REQUIREMENT**

CH33 Students are **REQUIRED** to enroll in **ONE** in-person course to receive the full in-person housing stipend. Eligibility for the in-person housing stipend only lasts for the duration of the in-person class.



# Enrollment Status Form

## Veterans Resource Center

Building 2700, Room 2750

4000 Suisun Valley Road

Fairfield, CA 94534

Office: (707) 864-7105 Fax: (707) 646-2092

E-mail: veterans@solano.edu Website: www.solano.edu/veterans

**If you do not submit a schedule/bill with your Enrollment Status Form, your paperwork will not be processed.**  
**Obtain from: <http://my.solano.edu> -> Student Tab (Left Side) -> Registration Box -> View/Print Schedule and Bill**

Full Name:			Last 4 SSN:		Student ID:	
Term to be certified: <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____						
Benefit: <input type="checkbox"/> CH30 <input type="checkbox"/> CH31 <input type="checkbox"/> CH33 Veteran <input type="checkbox"/> CH33 Dependent <input type="checkbox"/> CH35 <input type="checkbox"/> CH1606 <input type="checkbox"/> Fry Scholarship						
Are you utilizing Solano College ASC (Accessibility Services Center)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has your contact information changed recently (If Yes, update below)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Address:			City:		State:	Zip:
Phone:			Email:			
<b>Course(s) Added</b> Ex: ENGL 001	<b>Units</b>	<b>Office Use</b>	<b>Course(s) Dropped</b> Ex: ENGL 001	<b>Units</b>	<b>Today's Date</b>	<b>Office Use</b>
<b>Total Units:</b>			<b>Total Units:</b>			

**Read, understand, and Initial Each Line to agree:**

\_\_\_\_\_ I understand that if I am receiving Chapter 33 benefits, I am required to contact the regional VA Education Office at 1-888-442-4551 at the end of every month to verify my enrollment. A failure to do so will result in an interruption in my benefits.

\_\_\_\_\_ 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 to have any and all **Official Transcripts** sent to Solano Community College **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 an Enrollment Status Form with the Veterans Resource 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 Veterans Resource Center of all changes to my schedule. A failure to do so may result in an overpayment on my part which will result in a debt to 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. Contact: 1-877-823-2378 or [www.gibill.va.gov/wave](http://www.gibill.va.gov/wave)

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

\_\_\_\_\_ I understand that I am required 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 if I drop any course(s) that changes my rate of pursuit, I will be required to pay a portion or all of my MHA or Monthly Stipend effective the first day of the semester to the VA.

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 \_\_\_\_\_

# CalVet College Fee Waiver Program (CVFW)

## Documents Required

1. Completed application (DVS 40) signed by student and veteran/parent \_\_\_\_\_

2. Verification of student's income for previous year

- First two pages of IRS Form 1040 with second page signed -OR-
- Individual Status Letter from CA Franchise Tax Board or IRS \_\_\_\_\_

3. Student's birth certificate\*\*

- **Adopted:** A copy of the court ordered adoption papers
- **Stepchild:** A copy of the marriage certificate between your parent and stepparent \_\_\_\_\_

4. Verification of veteran's Service Connected disability\*\* \_\_\_\_\_

**\*\* Not required if you are reapplying for the CVFW.**

### Important Note:

The CalVet Fee Waiver only covers a single academic year until you'll need to reapply again. For example, the 2022-2023 Academic Year covers Summer 2022, Fall 2022, and Spring 2023.

### CVFW Document Submission

You can submit all required documents to the Solano County Veterans Service Office via email, mail, or drop-off.

**Email:** [acsims@solanocounty.com](mailto:acsims@solanocounty.com)  
**Address:** Veterans Service Office  
675 Texas Street, Suite 4700p  
Fairfield, CA 94533  
**Phone:** 707-784-6590

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#### **If you do not have a copy of the IRS Form 1040:**

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:**

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

- 1) E-mail the CA FTB: [ftbindividualstatusletter@ftb.ca.gov](mailto:ftbindividualstatusletter@ftb.ca.gov)
- 2) Go to the CA FTB: 3321 Power Inn Rd, Sacramento, CA 95826
- 3) Call the CA FTB: 1-800-852-5711
- 4) Go to the IRS: 4330 Watt Ave, Sacramento CA 95821
- 5) Call the IRS: 1-800-829-1040

**IMPORTANT:** The student's adjusted gross income (AGI) and annual value of support from parent CANNOT exceed the national poverty limit. **National Poverty Limit for 2021 is \$14,097.** 1040 AGI CANNOT be less than \$200. If it is less, then student needs to get an individual status letter from the FTB or IRS.

#### **What happens next?**

The Solano County Veterans Service Office will review your application and documents within 3-5 business days. Once approved they will email the acceptance letter to the student. Please make sure the student's email is provided and legible. It is the student's responsibility to contact the Veteran office on campus with their acceptance letter.



**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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Marital Status:  Married  Single

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

Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Student E-mail: \_\_\_\_\_

STUDENT'S relationship to veteran in Section III below:  Adopted Child  Biological Child  Stepchild  Spouse  Surviving Spouse

HAVE YOU APPLIED FOR THIS BENEFIT BEFORE?  YES  NO

VA EDUCATIONAL BENEFITS UNDER CHAPTER 35: Are you *ELIGIBLE* to receive?  YES  NO | Currently receiving?  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: \_\_\_\_\_

SS# / VA Claim#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Dates of Active Duty service FROM: \_\_\_\_\_ UNTIL: \_\_\_\_\_

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

Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ VETERAN'S E-mail: \_\_\_\_\_

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 hereby authorize the release of my CalVet College Fee Waiver Program for Veterans Dependents award letter to the College or University for which I am applying. I understand that educational benefits may be denied or found to be my responsibility to repay if any information is found to be false, intentionally incomplete, or misleading.

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.**

**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 21<sup>st</sup> 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 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. 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 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). 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/veteran spouse 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 2022-2023, the total amount of your reported adjusted gross income and value of support from calendar year 2021 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, 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 23<sup>rd</sup> birthday.

## WHEN TO APPLY:

You should 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](http://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](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 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."