



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 Website: www.solano.edu/veterans

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/>
- Apply for Financial Aid <https://studentaid.gov/>

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**.
- Sign or acknowledge receipt of approved VA Education Plan after it's been reviewed and e-mailed to you.
 - Only Register for classes based on approved VA Education Plan.
- 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.
 - We can only accept electronically completed PDF's or PDF scans of the packet, NO PICTURES.
- 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.

Registration Tools:

- Course Search Tool: 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/>



**VA Isakson and Roe Section 1018
(Shopping Sheet/College Financing Plan)**

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 Website: www.solano.edu/veterans

Section 1018 of Public Law 116-315, [Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020](#), requires educational institutions to make certain disclosures to students using federal military and/or VA education benefits. To ensure compliance with the law, we have developed the Shopping Sheet Information for Student Veterans/Veteran's Dependents.

Cost of attendance (Estimated cost of courses including tuition, fees, books, supplies, living and other additional costs)

Information is available on the Solano Community College Financial Aid - Cost of Attendance webpage <https://welcome.solano.edu/fa-cost-of-attendance/>

Please note that your final cost depends on you receiving VA benefits to cover for tuition and fees, books/supplies, and housing allowance; any aid to cover for the cost; taking extra courses such as prerequisites; retaking a failed course; changing your program of study which requires more or less credits, change in cost of living; a change in tuition/fees as approved by State Legislature, etc.

Amounts covered by VA Benefits

VA GI Bill Comparison tool <https://www.va.gov/education/gi-bill-comparison-tool/>

VA Payment Rates https://www.benefits.va.gov/gibill/resources/benefits_resources/rate_tables.asp

Book Stipend, Monthly Housing Allowance and Monthly Stipend based on benefit and enrollment pursuit rate <https://welcome.solano.edu/vrc-pay-rates/>

Types of Federal financial aid offered by the institution, that the student may be qualified to receive

Options are available on the Solano Community College Financial Aid website under the Programs Available tab <https://welcome.solano.edu/fa-home/>

Estimated Student Loan Debt, College Scorecard and Graduation Rates

Information on Student Loans is on the Solano Community College Financial Aid website <https://welcome.solano.edu/fa-direct-loans/>

Solano Community College - College Scorecard with Student Loan information & Graduation Rates and additional information is available on the US Department of Education College Scorecard website <https://collegescorecard.ed.gov/school/?123563-Solano-Community-College>

Job Placement Rate

Information is available on the California Community College website <https://www.calpassplus.org/Launchboard/SWP.aspx>

Solano Community College School Policy on accepting transfer credit and military credit

Incoming transcript information is located on the Admissions and Records website <https://welcome.solano.edu/ar-incoming-transcripts/>

Military Credit information is located on the Veterans Resource Center webpage <https://welcome.solano.edu/vrc-veterans-and-active-duty-scc-policies/>

Additional Information

In-state Tuition – Students actively using Montgomery GI Bill®–Active Duty program (Chapter 30), the Veterans Readiness and Employment program (formerly called Vocational Rehabilitation and Employment) (Chapter 31), the Post-9/11 GI Bill® program (Chapter 33) and Dependents Educational Assistance, (Chapter 35) are exempt from paying nonresident tuition regardless of when the veteran separated from the military. Please by filling out the Isakson and Roe Out of State Tuition Waiver <https://welcome.solano.edu/vrc-forms/>

VA Monthly Enrollment Verification – Information is available on the Solano Community College Veterans Resource Center webpage <https://welcome.solano.edu/vrc-verify-enrollment/>

Certification of Enrollment to the VA - Certification for VA Education Benefits each semester is not automatic. Students who wish to receive the benefit must complete the paperwork with the SCO and must submit the Enrollment Status Form and Schedule/Bill every semester after signing up for your classes in order to continue receiving benefits and to prevent delays in payment of benefits. Enrollment Status Form and Schedule/Bill information is located on the Veterans Resource Center webpage <https://welcome.solano.edu/vrc-forms/>

All new students are required to go through the New Student process. New students are able to call (707-864-7105) or email (veterans@solano.edu) the Veterans Resource Center to schedule a New Student appointment to start the process. New Student Packets are located on the Veterans Resource Center Forms webpage <https://welcome.solano.edu/vrc-forms/>.

Absence due to Military Service - A student who is an active duty or reservist of the United States military, and who receive orders compelling a withdrawal from courses, should submit the General Student Withdraw Petition, to the Admissions and Records Office, requesting a Military Withdrawal (MW), with proof of such orders to receive a full refund of those courses (For Chapter 33 students, the school will return the tuition and fees to the VA). An “MW” symbol will be assigned and will not be counted in progress probation, dismissal calculations, or in calculating the permitted number of withdrawals a student is allowed. Student can resubmit the application for admission upon return. This petition is located on the Admissions and Records [Forms](#) Webpage.

Students who are receiving the VA benefit along with Financial Aid should be aware that withdrawing from a course(s) will have an impact on their benefit/financial aid status. Students are strongly encouraged to talk to the Financial Aid Department and the School Certifying Official.

VA benefits will stop as of the drop date reported for all classes. Students will be responsible to repaying VA the funds received for such course(s), (BAH/Monthly assistance allowance), or submitting a Mitigating Circumstance to the VA.

If you are a Cal Grant recipient and have been called to active military duty, are entering military service, Peace Corps or VISTA, you may apply for a deferment of your Cal Grant for up to three years. Send the Military Deferment Request Cal Grant Programs form to the California Student Aid Commission, along with a copy of your orders.

Contact Information

School Certifying Officials – Veterans Resource Center (Main Campus) Building 2700 Rm 2750 (Email: veteran@solano.edu Phone: 707-864-7105)

Maeve Lee

Chris Gulick

Helymar Walter

Veterans Resource Center Coordinator - Veterans Resource Center (Main Campus) Building 2700 Rm 2750 (Email: Amy.Kennedy@solano.edu Phone: 707-864-7105)

Amy Kennedy

VA Work-Study Supervisor - Veterans Resource Center (Main Campus) Building 2700 Rm 2750 (Email: veteran@solano.edu Phone: 707-864-7105)

Amy Kennedy, Veterans Affairs Coordinator

Maeve Lee, School Certifying Official

VA Academic Counselor – Veterans Resource Center (Main Campus) Building 2700 Rm 2750 (Email: veteran@solano.edu Phone: 707-864-7105)

Jim Anderson, Veteran and Active-duty Academic Counselor

Rahul Patria, Veteran and Active-duty Academic Counselor

Veteran Financial Aid Representative – Financial Aid (Main Campus) Building 400 – 2nd floor (Email: Zachary.hammond@solano.edu Phone: 707-864-7000 ext. 4426)

Zac Hammond, Financial Aid Specialist



Veterans Education Benefit Monthly Pay Rate Effective October 1, 2023

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 Website: 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	\$2,358.00	\$1,768.50	\$1,179.00	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	\$1,913.00	\$1,434.75	\$956.50	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	\$768.42	\$577.38	\$386.32	N/A
One Dependent	\$953.15	\$715.90	\$478.66	N/A
Two Dependents	\$1,123.23	\$839.78	\$562.64	N/A

Add for additional dependents Full-time=\$81.85, 3/4 time=\$62.97 & ½ time=\$42.00

Chapter 33 – Post 9/11 GI Bill													
<p>BAH rates vary according to number of units enrolled. Anything under full time will be prorated.</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 \$3,342.00 per month and you are enrolled in 9 units you would use $3342 \times .8 = 2,673.60$</p> <p>BAH Rate: If all your classes are online BAH is \$938 per month. Minimum of ONE in-person class is \$3,342 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	\$1,488.00	\$1,176.00	\$862.00	Tuition & Fees only

Chapter 1606 – Montgomery GI Bill Selected Reserve				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$466.00	\$349.00	\$233.00	\$116.50

Monthly Pay Rates Obtained From: 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 (Chapter 31)

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 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) -OR- <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

_____ 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:

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

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:			
Course(s) Added Ex: ENGL 001	Units	Office Use	Course(s) Dropped Ex: ENGL 001	Units	Today's Date	Office Use
Total Units:			Total Units:			

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

_____ 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 _____

Isakson and Roe Veterans Health Care and Benefits Improvement Act of 2020 & Colonel John M. McHugh Tuition Fairness for Survivors Act of 2021



SOLANO
COMMUNITY COLLEGE

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	
SCC ID	Date of Birth		
Mailing Address	City	State	Zip
Phone	Email		

OFFICE USE ONLY	
Petition Refers to:	
<input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____	
Eligibility Criteria:	
<input type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Eligible Benefits:	
<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"/> Fry Scholarship	
Eligibility Documentation:	
<input type="checkbox"/> VA Certificate of Eligibility <input type="checkbox"/> DD-214 <input type="checkbox"/> Tungsten PO	
Veterans Resource Center Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Veterans Resource Center Coordinator or School Certifying Official: _____	
Veterans Resource Center Action: <input type="checkbox"/> Residency Changed	
Veterans Resource Center Student Services Generalist: _____	

Solano Community College
Admissions and Records
Request for Official Transcript Review

LAST NAME

M.I.

FIRST NAME

OFFICIAL USE ONLY

SCC ID #

SCCID #:		Date of Birth:
Last Name:		
First Name:		
Email:		
Phone:		

School(s) that you requested to have transcripts sent **FROM**:

1)			2)		
3)	4)	5)	6)		

If you recently requested to have transcripts sent to us from another school for evaluation, in order for us to take any action you **MUST** be enrolled at Solano.

Please check all services that you requesting:

Prerequisite Clearing

I would like to be cleared for the following classes based of my completing the prerequisite class at another regionally accredited college with a passing grade. Prerequisite clearing may take up to 15 business days upon receipt of this form AND receipt of a copy of ALL transcripts listed above (unofficial transcripts are acceptable for this service)

(i.e. MATH 330)		

Transfer Unit Posting – MUST have OFFICIAL transcripts on file

Please post any transfer units (course-by-course equivalency) I may have acquired at my prior school(s). Only college level classes that were taken and passed at a regionally accredited college will be posted. Transfer unit posting may take up to 8 - 12 weeks after the receipt of this form AND receipt of a copy of ALL official transcripts listed above.

If you submit this form to us prior to our receiving your transcript(s) from another school(s), we will hold it for no more than one year. Requests for which we have received transcripts are processed in the order the Request for Transcript Review was received.

By submitting this form, you are indicating to us that you understand the above processes and are formally requesting for Solano College to complete the requested services.

Please return this form to us via email at admissions@solano.edu

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 (not required if reapplying) _____
 - **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 reapplying) _____

Important Notes:

The CalVet Fee Waiver only covers a single academic year until you'll need to reapply again. For example, the **2023-2024 Academic Year covers Summer 2023, Fall 2023, and Spring 2024.**

Deadline: The deadline to submit CalVet Fee Waiver approval letters to the Solano College Veterans Resource Center is June 30th of each year. For example, the 2023-2024 Academic Year deadline is June 30th, 2024.

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
Address: Veterans Service Office
675 Texas Street, Suite 4700p
Fairfield, CA 94533
Phone: 707-784-6590

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: fbindividualstatusletter@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 2022 is \$15,225.** 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. 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 Name: _____ 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 Step Child 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 and AGI and Annual Value of Support.

ANNUAL VALUE OF ANY SUPPORT RECEIVED FROM 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 AGI 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.

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: _____

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: ____ / ____ / ____

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 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 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 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 themselves.
- 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 FROM PARENT.
- (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 23rd 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

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

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."