



2023-2024 APPLICATION

Get the most aid available.

Millions of dollars of financial aid go unused every year because students don't think they will qualify, which in many cases isn't true. The California College Promise Grant (CCPG) waives community college enrollment fees if you're eligible.

Fill out the FAFSA or the California Dream Act application for additional financial aid to help with other costs of attendance (books, food, rent, etc.).

YOU SHOULD APPLY IF:

- Checkmarks indicating eligibility criteria: lived in California, determined a California resident homeless youth, eligible for non-resident tuition.

WHAT YOU'LL NEED:

- Checkmark indicating need for 2021 tax information.

START HERE This should take about 10 minutes. Answer all questions to determine your eligibility.



Full Name

Student ID

Email

Phone Number

Date of Birth (Format 00/00/0000)

Do you have a child or children under the age of 18 who will receive more than half their support from you? Yes No



Are you independent or dependent?

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

- Q1-Q6: Questions about tax return, living with parents, birth date, marital status, military service, and support for children.

- Q7-Q9: Questions about legal guardianship, foster care, and unaccompanied youth.

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

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



Income

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

- Q10-Q11: Questions about dependent and independent student household sizes.

Table with 2 columns: Question (Q12-Q15) and Answer field. Q12: 2021 Adjusted Gross Income. Q13: Other Income. Q14: Total 2021 Income. Q15: Information in the table above.

Do any of these apply to you?

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

- Q16. I currently receive monthly cash assistance for myself or my dependents from:
 - TANF** (Temporary Assistance for Needy Families)/ **CalWORKs**
 - SSI/SSP** (Supplemental Security Income/ State Supplemental Program)
 - General Assistance**
- Q17. My parent(s)/RDP receive monthly cash assistance from **TANF/CalWORKs** or **SSI/SSP** as their sole source of income (if you're a dependent).
- Q18. I have certification from the **CA Department of Veterans Affairs** that I'm eligible for a dependent's fee waiver.
- Q19. I have certification from the **National Guard Adjutant General** that I'm eligible for a dependent's fee waiver.

- Q20. I have documentation from the Department of Veterans Affairs that I received the **Congressional Medal of Honor** or I'm the child of a recipient.
- Q21. I have documentation from the CA Victim Compensation and Government Claims Board that I'm a **dependent of a September 11, 2001** terrorist attack victim.
- Q22. I have documentation from the public agency employer of record that I'm a **dependent of a deceased law enforcement/fire suppression** personnel killed in the line of duty.
- Q23. I have documentation from the Department of Corrections and Rehabilitation that I've been **exonerated of a crime** by writ of habeas corpus or pardon.
- Q24. I have documentation of record that I'm a dependent/spouse/ Registered Domestic Partner of a **deceased physician, nurse, or first responder who died of COVID-19** during the COVID-19 pandemic state of emergency in California.

Signature

- I certify the information provided here is true and accurate to the best of my knowledge.
- I will provide proof of the information I provided here if asked by a college official. I acknowledge that any false statement or failure to provide proof when asked may be cause for denial, reduction, withdrawal, and/or repayment of my enrollment fee waiver.
- I understand any false statement or failure to give proof when asked may be cause for the denial, reduction, withdrawal, and/or repayment of my enrollment fee waiver.

Applicant's Signature

Date

Parent Signature (Dependent Students Only)

Date

WHAT TO EXPECT



Most fee waivers are processed within 1 week, check your college email after submission. Remember, if awarded, you must **reapply for CCPG each academic year** you are enrolled.

CONTACT

Email:

sierracollage.edu

Phone:

Address:

HOW TO SUBMIT

Each community college is different. Follow the submission instructions posted below.

DROP-OFF LOCATION

EMAIL FORM TO ADDRESS BELOW AS A PDF ATTACHMENT AND AWAIT CONFIRMATION REPLY

YOUR PRIVACY IS IMPORTANT TO US

You've trusted us with personal information and we take that seriously. The only reason we ask is to determine your financial aid eligibility. In some cases, we may ask for documentation about information you've provided here. Please respond quickly to prevent delays.

The California Community Colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership, immigration status, citizenship, primary language, or any other legally protected basis. Talk to the financial aid office if you have questions about these policies. You have the right to access any records established from information in this form. This form's information may be transmitted to other state agencies and the federal government if required by law.

FOR OFFICE USE ONLY

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|--|--|---|---|--|
| <input type="checkbox"/> CCPG-A | <input type="checkbox"/> CCPG-B | <input type="checkbox"/> Special Classification | <input type="checkbox"/> National Guard Dependent | <input type="checkbox"/> Student is not eligible |
| <input type="checkbox"/> TANF/CalWORKs | <input type="checkbox"/> CCPG-C | <input type="checkbox"/> Medal of Honor | <input type="checkbox"/> Veteran | <input type="checkbox"/> 9/11 Dependent |
| <input type="checkbox"/> GA | <input type="checkbox"/> CCPG-Homeless | <input type="checkbox"/> Dept. of deceased/disabled law enforcement or fire personnel | <input checked="" type="checkbox"/> COVID-19 | |
| <input type="checkbox"/> SSI/SSP | | | | |

Comments: _____ Certified by: _____ Date: _____