

2018-2019 APPLICATION FOR WAIVER OF INTERNATIONAL STUDENT FEE

Directions: To apply for the reduction, international students must apply to attend COS and must submit the fee reduction application to the Financial Aid Office. The Director of Financial Aid will determine if the student meets the California College Promise Grant eligibility criteria, which shall be the standard for financial need.

Applicants will be selected on a “first-come, first-serve” basis using the date of completion of their application, although no more than one fee reduction will be granted per country of origin.

The Student Services Office will keep a record and current roster of approved reductions. Reductions will remain in effect for two calendar years, if the student is enrolled in and completes a minimum of 12 units each semester and has a minimum COS GPA of 2.00. After two years, students must reapply if they wish to be considered for additional semesters.

Step 1 – Complete a paper FAFSA – <https://fafsa.ed.gov/fotw1819/pdf/PdfFafsa18-19.pdf>

Step 2 – Complete the following California College Promise Grant questions:

Term: <input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year 20_____
Student ID: _____	Last _____	First _____	
Permanent Home Address: _____	Address while attending COS _____		
Phone: _____	Phone: _____		
Date of Birth: _____	Email address: _____		
Marital Status: <input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed

SECTION A

1. Were you born before January 1, 1988? Yes No
2. As of today, are you married? (Answer “Yes” if you are separated but not divorced.) Yes No
3. Do you have children who receive more than half of their support from you or other dependents who live with you (other than your children and spouse) who receive more than half of their support from you, now and through June 30, 2017? Yes No
4. Are you an orphan or ward of the court, or were you a ward of the court until your 18th birthday? Yes No
 - If you answered “**Yes**” to any of the questions 1 – 4, you are considered an **INDEPENDENT** student and must provide income and household information about yourself (and your spouse if you are married). Skip to Section B.
 - If you answered “**No**” to all questions 1 – 4, complete questions 5 and 6.
5. Do you (or did you prior to your arrival at Siskiyou) live with your parents? Yes No
6. Do your parents provide more than half your support? Yes No

If you answered "No" to questions 1 – 4 and "Yes" to question 5 or 6, you must provide income and household information about your **PARENT(S)** and answer questions for a **DEPENDENT** student in Section B.

SECTION B

- 1. **DEPENDENT STUDENT:** How many persons are in your parent(s) household? (Include yourself, your parent(s), and anyone who lives with your parent(s) and received more than half of their support from your parents, now and through June 30, 2017.) _____
- 2. **INDEPENDENT STUDENT:** How many persons are in your household? (Include yourself, your spouse, and anyone who lives with you and receives more than half their support from you, now and through June 30, 2017.) _____

For questions 3 and 4, please convert the income into American dollars.

	DEPENDENT STUDENT: PARENT(S) INCOME	INDEPENDENT STUDENT STUDENT (AND SPOUSE'S INCOME
3. 2017 Income Information		
a. Adjusted Gross Income (If 2017 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 37; 1040A, Line 21; 1040EZ, line 4 or Telefile, line I). If not U.S. income, report all income earned from work for 2017.	\$ _____	\$ _____
b. All other income (Include ALL money received in 2017 that is not included in line (a) above. Be sure to include all untaxed income.)	\$ _____	\$ _____
4. Total Income for 2017 (Sum of a + b)	\$ _____	\$ _____

I hereby swear and affirm, under penalty of perjury, that all information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof in support of the information provided on this form. I also realize that any false statement or failure to give proof when asked may be cause for the denial, reduction, withdrawal, and/or repayment of my waiver.

Applicant's Signature Date Parent Signature (Dependent Students Only) Date

For Office Use Only	
Meets California College Promise Grant income standards:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature, FAO _____	Date _____