California Community Colleges | California College Promise Grant Application

HARTNELL COLLEGE

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:

- ☑ You've lived in California for at least one year, or
- ☑ You've been determined a California resident homeless youth by the Financial Aid Office, or
- ☑ You're eligible for non-resident tuition as an AB 540 or AB 1899 student, or with a "T" or "U" visa.

WHAT YOU'LL NEED:

- ☑ Your or your parent's/guardian's 2021 tax information. We'll walk you through which one you'll need.

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. Were you claimed on one of your parent's/guardian's 2021 tax return?
Yes No N/A (Didn't file)

Q2. Do you live with one or both of your parent(s)/guardian(s)?
Yes No

Q3. Were you born before January 1, 2000?
Yes No

Q4. Are you married or in a Registered Domestic Partnership (RDP)?
Yes No

Q5. Are you a veteran of the U.S. Armed Forces or currently serving on active duty for purposes other than training?
Yes No

Q6. Do you have children or dependents who will receive more than half of their support from you between July 1, 2023 - June 30, 2024?
Yes No

Q7. Does someone other than your parent or stepparent have legal guardianship of you?
Yes No

Q8. At any time since you turned age 13, were both of your parents deceased, were you in foster care, a dependent or ward of the court, or an emancipated minor?
Yes No

Q9. Since July 1, 2022, were you determined an unaccompanied youth who was homeless by a high school, district, or college homeless liaison, or a director of an emergency shelter, or a runaway or homeless youth basic center or transitional living program or a financial aid administrator?
Yes No

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. **Dependent Student**: How many people are in your parent(s)'/RDP household?

(*Include yourself, your parent(s)/RDP, and anyone who lives with your parent(s)/RDP and receives more than 50% of their support from your parents/RDP, now and through June 30, 2024.*)

Q11. **Independent Student**: How many people are in your household?

(*Include yourself, your spouse/RDP, and anyone who lives with you and receives more than 50% of their support from you, now and through June 30, 2024.*)

Q12.	**2021 Adjusted Gross Income** If 2021 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 11.	
Q13.	**Other Income** All other income received in 2021 including disability, child support, military living allowance, workers' compensation, untaxed pensions.	
Q14.	**Total 2021 Income** Sum of the two boxes above.	

Q15. **The information in the table above is**:

my (or my and my spouse's/RDP's) income

parent(s)'/guardian(s)' income

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

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

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.*

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.

CONTACT

Email:

Phone:

Address:

FOR OFFICE USE ONLY			
CCPG-A TANF/CalWORKs GA SSI/SSP	CCPG-B CCPG-C CCPG-Homeless	Special Classification National Guard Dependent Medal of Honor Veteran 9/11 Dependent Dept. of deceased/disabled law enforcement or fire personnel	Student is not eligible COVID-19

Comments: Certified by: Date:

2023-24 California College Promise
Grant Type B Income Standards

Family size	Base Year Income
1	$20,385
2	$27,465
3	$34,545
4	$41,625
5	$48,705
6	$55,785
7	$62,865
8	$69,945
Each Additional Family Member	$7,080

5CCR § 58620: Student (dependent or independent) household income in the prior year equal to or less than 150% of the U.S. Department of Health and Human Services Poverty Guidelines for a family of that size.

5CCR § 58620(b)(1)(F): For purposes of this subdivision, U.S. Department of Health and Human Services Poverty Guidelines used each year shall be the most recently published guidelines immediately preceding the academic year for which a fee waiver is requested.

Federal poverty guidelines available here

https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines