

**MODESTO JUNIOR COLLEGE
CONSENT FOR TREATMENT OF MINORS**

Any registered students under the age of 18 will be required to have a parental/guardian consent form signed before receiving any medical treatment, including dental service, except in emergencies or cases exempt by state law.

Signed consent will be retained in the College's Health Services Office.

I hereby authorize and give consent for my son or daughter to receive medical treatment, including dental service, as needed. This authorization is given in advance of any specific diagnosis, treatment or medical care being requirement or pursuant to the provisions of Family Code Section 6910-6911.

Please indicate which term and which year you are attending:

- Summer, Year_____
- Fall, Year_____
- Spring, Year_____

Student's Name (please print)_____

Student's Social Security Number_____

Date of Birth_____

Parent/Guardian Name (please print)_____

Parent/Guardian Address_____

Parent/Guardian Phone Number_____

Signature_____ **Date**_____

Parent/Guardian

This application is used to waive registration fees for California residents. If you do not qualify for this automatic fee waiver or if you need assistance with other college costs, you should complete the Free Application for Federal Student Aid (FAFSA), which is available at www.fafsa.ed.gov or in the Financial Aid Office. Incomplete Fee Waiver applications will be returned to the student.

Name: _____ Student ID # (or Social Security #) _____
Address: _____ Phone: _____

THE CALIFORNIA DOMESTIC PARTNER RIGHTS AND RESPONSIBILITIES ACT

The California Domestic Partner Rights and Responsibilities Act extend rights, benefits, responsibilities and obligations to individuals in domestic partnerships registered with the California Secretary of State under Section 297 of the Family Code.

**THESE PROVISIONS APPLY TO STATE FUNDED STUDENT FINANCIAL AID ONLY, AND NOT TO FEDERAL STUDENT FINANCIAL AID.

DEPENDENCY STATUS

Are you or your parent in a Registered Domestic Partnership (RDP) with the California Secretary of State? Yes No
(Answer "Yes" if you or your parent is separated from a Registered Domestic Partner but have NOT FILED a Notice of Termination of Domestic Partnership with the California Secretary of State's Office.)

If yes, please submit RDP verification along with this BOGW application so a technician can assist you.

If you answered "Yes", treat the Registered Domestic Partner as a spouse. Include your domestic partner's or your parent's domestic partner's income and household information in Questions 5, 6, 7, 8, 9, 10, 14 & 15.

Continue to Questions 1 - 8 Below

- 1. Were you born before January 1, 1985? Date of Birth
2. Are you a veteran of the U.S. Armed Forces?
3. As of today, are you married or in a Registered Domestic Partnership? Student Marital Status: Single Married Divorced Separated Widowed Registered Domestic Partnership
4. Are you an orphan (both parents deceased) or were you a ward of the court (in foster care) until age 18?
5. Do you have children who receive more than half of their financial support from you?
6. Do you have other dependents (other than your children or spouse) who live with you and receive more than half of their support from you, now and through June 30, 2009?

If you answered "yes" to any of the questions 1 - 6, you are considered an INDEPENDENT student and must provide income and household information about yourself (and your spouse or RDP if applicable). Skip to Question #9.

If you answered "No" to all questions 1 - 6, complete the following questions:

- 7. If your parent(s) filed or will file a 2007 U.S. Income Tax Return, were you, or will you be claimed on their tax return as an exemption by either or both of your parents? Yes No Won't File
8. Do you live with one or both of your parent(s)? Yes No

If you answered "No" to questions 1 - 6 and "Yes" to question 7 or 8, you must provide income and household information about your Parent(s). Answer questions for a DEPENDENT student in the sections that follow.

If you answered "No" or "Parents(s) won't file" to question 7, and "No" to question 8, you must provide income and household information about yourself (and your spouse). * You will be considered a dependent student for other types of aid.

METHOD A

9. Are you (the student ONLY) currently receiving monthly cash assistance from: TANF/CalWORKs? SSI/SSP (Supplemental Security Income/State Supplemental Program)? General Assistance?
10. If you are a dependent student, are your parent(s) receiving cash assistance from TANF/CalWORKs or SSI/SSP as their primary source of income?
If yes, provide Parent's SSN, Date of Birth and Medi-Cal Card Issue Date: SSN DOB Issue Date

If yes, provide proof of benefits, such as a Medi-cal card.

SPECIAL CLASSIFICATIONS

- 11. Are you certified by the CA Department of Veterans Affairs or the National Guard Adjutant General that you are eligible for a dependent's fee waiver? (Submit Certification to the MJC Veterans Office) Yes No

12. Are you a recipient of the Congressional Medal of Honor or a child of a recipient, or a dependent of a victim of the Sept. 11, 2001 terrorist attack? Yes No
(Submit documentation from the Dept of Veterans Affairs or the CA Victim Compensation & Government Claims Board.)
13. Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty? *(Submit documentation from the public agency employer of record.)* Yes No

➔➔ CONTINUE TO METHOD B BELOW -- Enter ZEROS if no funds were received. ←←

METHOD B

14. HOUSEHOLD INFORMATION:

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 receives more than 50% of their support from your parents, now through June 30, 2009.)* _____

INDEPENDENT STUDENT: How many persons are in your household? *(Include yourself, your spouse, and anyone who lives with you and receives more than 50% of their support from you, now and through June 30, 2009.)* _____

15. 2007 INCOME INFORMATION: (Do NOT ESTIMATE)

DEPENDENT STUDENTS:
Parent(s) 2007 Income

INDEPENDENT STUDENTS:
Student (& Spouse's) 2007 Income

2007 Adjusted Gross Income – See Tax Return
(1040, line 37; 1040A, line 21; 1040EZ, line 4)

\$ _____

\$ _____

Report All Other 2007 Income - Specify _____
(ALL Other Income & Benefits not listed above, i.e. Child Support, TANF, Social Security, Disability, etc.)

\$ _____

\$ _____

TOTAL Income for 2007 *(Sum of amounts above)*

\$ _____

\$ _____

CERTIFICATION – All applicants must read this statement and sign below.

I certify that all information on this form is true and complete. If requested, I agree to provide information or proof of income from all sources for my and my spouse/registered domestic partner and/or my parents'/registered domestic partner. I realize that any false statement or failure to give proof when asked may result in the denial, withdrawal, and/or repayment of my waiver. I authorize release of information from this application between the college, the college district, and the Chancellor's Office of the California Community Colleges.

To apply for additional financial aid, complete the FAFSA, which is available at www.fafsa.ed.gov or at the Financial Aid Office.

Applicant's Signature _____

Date _____

Parent's Signature (Dependent Students Only) _____

Date _____

California Information Privacy Act

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them.

The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN may be used to verify your identity under record keeping systems established prior to January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at your college for further information. The Chancellor's Office and 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 or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.

Office Use Only

<p>BOGWA <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> TANF <input type="checkbox"/> GA <input type="checkbox"/> SSI/SSP Social Security Number _____ DOB _____ Issue Date _____ Aid Code _____ Certified By _____ Date _____</p>	<p>BOGWB <input type="checkbox"/> <input type="checkbox"/> Ind <input type="checkbox"/> Dep Entered By: _____ Date: _____</p>	<p>Not Eligible N/E Notified by: <input type="checkbox"/> Mail <input type="checkbox"/> Person <input type="checkbox"/> Phone _____ Entered By: _____ Date: _____</p>	<p>Special Classifications RDP: <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Veteran <input type="checkbox"/> Other _____ Entered By: _____ Date: _____</p>
--	---	---	---