CALIFORNIA STATE UNIVERSITY
Stanislaus
FINANCIAL AID AND
SCHOLARSHIP OFFICE

Student Name:

ID#

One University Circle, Turlock, CA 95382
Telephone (209) 667-3336 Fax (209) 664 7064   www.csustan.edu/financialaid

Request for Waiver of Campus Parking Fee 2022-2023

The campus parking fee may be waived for students with disabilities who meet the eligibility standards based on the financial information provided on this form or as identified on the Free Application for Federal Student Aid. Incomplete responses will delay processing and may be cause for denial of this request. Temporary placards are not likely to qualify for a fee waiver. Waivers must be requested each semester (fall, spring, or summer).

Term for which waiver is requested: **Fall 2022   Spring 2023   Summer 2023**

You must provide a copy of the letter from the department of Motor Vehicles (DMV) that accompanied your placard or plates, or you may provide a copy of your vehicle registration if it designates disable.

To be completed by applicants who have <u>NOT</u> completed a Free Application for Federal Student Aid (FAFSA)

Section B: (please select one)

	Y	N		Y	N
Were you born before January 1, 1999?			Are you an orphan or ward of the court?		
Do you have legal dependents other than spouse?			Are you graduate student?		
Are you a veteran of the U.S. Armed Forces?			Are you Married?		

Total size of your household in 2022-2023 (include yourself, your spouse if you are married, and dependent children living with you). Applicants (and spouse if married) total 2020 income from all sources other than financial aid (includes earning from work and benefits such as SSI, vocational, rehabilitation, VA, benefits, etc.) $	Total size of your household in 2022-2023 (include yourself, your parents, other dependent children living with your parents). Parent's adjusted gross income for 2020: $ Parent's untaxed income and benefits for 2020: $

Section C: Certification

I certify that all information reported on this application is true, complete and accurate to the best of my knowledge.

_____   _____
Student's Signature   Date   Spouse's Signature (if applicable)   Date

_____   _____
Parent's Signature   Date   Parent's Name (print)   Date

OFFICE USE ONLY
Approved   Denied   By: