



APPLICATION FOR DACA RENEWAL FEE ASSISTANCE

*Please fully complete this form.
Approved applicants will be reimbursed \$250 for DACA Renewal Fees.*

APPLICANT'S INFORMATION

Name: _____ Phone: _____

Email: _____ Date of Birth: _____

Address: _____

Current School (if applicable): _____

Educational History (school/years):

PARENT/GUARDIAN'S INFORMATION (IF APPLICANT IS A MINOR)

Name/Relation to Applicant: _____

Address: _____

Phone: _____ Email: _____

BRIEF STATEMENT OF NEED

Applicant Signature:

Parent/Guardian's Signature:
(if Applicant is a minor)

*Please submit your completed application along with **proof of DACA Renewal Fee payment** by Nov. 1 via email (immigration@sonoma-county.org) or fax (707-565-2524).*