MOORPARK • OXNARD • VENTURA

FINANCIAL AID OFFICE

ABILITY TO BENEFIT FORM

STUDENT'S NAME _____ STUDENT ID # _____

HIGH SCHOOL GRADUATE/EQUIVALENCY - Check the box of the document you will attach to this worksheet:

☐ The original high school diploma or official high school transcript including graduation date

☐ The student's original General Educational Development (GED) certificate, an official GED transcript that indicates the student passed the exam, or an original state-authorized high school equivalent certificate

☐ For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document*

☐ Official Academic transcript of a completed two-year program acceptable for full credit toward a bachelor's degree

☐ For a homeschooled student, the original secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent)*

****See Financial Aid Office for further instructions***

NON HIGH SCHOOL GRADUATE:

☐ I **do not** meet any of the three statements above. Students who do not have a high school diploma or its equivalent and are beyond the age of compulsory education (18 in California) **are not eligible to receive financial aid unless they meet certain eligibility criteria regarding prior college enrollment and can be considered under former Ability-to-Benefit regulations. The Financial Aid Office will determine if you meet these requirements.**

Did you **attend college classes** prior to July 1, 2012? ☐ YES ☐ NO

College Name*: _____ Program of Study/Major: _____

***If you did not attend one of the VCCCD colleges, you must attach official college transcript(s).**

Did you **officially register** for college prior to July 1, 2012? ☐ YES ☐ NO

College Name: _____ Program of Study/Major: _____

WARNING: If you purposely give false or misleading information on this worksheet you may be fined, be sentenced to jail, or both. If the Financial Aid Officer determines or suspects fraud or forgery all information will be forwarded to the Dean of Student Services, the Office of Inspector General of the Department of Education, and/or the local law enforcement agency.

The person signing this form certifies that all the information reported on it is complete and correct.

STUDENT SIGNATURE _____ DATE _____

For Office Use Only:

Criteria for ATB grandfathering: Attended an eligible program at a Title IV institution prior to July 1, 2012? ☐ YES ☐ NO **If yes, student may use prior ATB alternatives.** If NO, officially registered at a Title IV institution prior to July 1, 2012 and is scheduled to attend an eligible program? ☐ YES ☐ NO **If yes, student may use prior ATB alternatives.**	☐ **Meets eligibility for ATB grandfathering:** ☐ Completed 6 degree-applicable units. ☐ Eligible to take the ATB test. Referral sent to student. ☐ **Does not meet eligibility for ATB grandfathering.** **Staff:** _____ **Date:** _____