Ability to Benefit Form

If you do not have a high school diploma, GED or equivalent, you may still be eligible for financial aid through an option called Ability to Benefit (ATB). To use this option, you must be enrolled in an eligible degree program and have completed one of the ATB alternatives. The ATB alternatives are either successfully completing six college level credits (without financial aid funding) OR receiving passing ATB test scores.

You must complete and sign this worksheet, attach required documents and submit them to the Financial Aid Office in order to be considered for financial aid funding through this process. This form must be approved by the Financial Aid Office. Additional information may be required.

DO NOT LEAVE BLANK- READ AND COMPLETE ALL SECTIONS!				
1. Student Informa	ntion			
Last Name	First Name		M.I.	SSN
2. Eligible Degree	Program			
Please select the degree program you are enrolled in from the list below. If the program you are enrolled in is not listed below, you are not in an eligible program.				
 □ Accounting □ Automotive Technol □ Business Manageme □ Business Technology □ Carpentry Technolog □ Criminal Justice □ Diesel Technology 	nt		Medical Assistant Natural Resources - Forest Nursing	ry Technician
3. ATB Alternative				
You must complete <u>one</u> of the following alternatives. Please check the box for the option that applies to you, and attach any requested documentation.				
☐ I have successfully completed 6 or more college level credits. (Note: if credits were completed at another college, please attach unofficial transcripts).				
<u>OR</u>				
☐ I have successfully taken and passed all sections of an ATB test and have <u>attached</u> my scores to this form. *Please note, the ATB test is a FREE test and is different from the College Placement Test. For information on how to take the ATB test at GHC, please contact the testing center at 360-538-4049.*				
4. Certification and	d Signature			
By signing this worksheet, I certify that all of the information reported on it is complete and correct. I also acknowledge that if I change my program of study to a program that is ineligible for ATB, I will become ineligible for financial aid and may be billed for any aid received while in the ineligible program.				

Student Signature

Date