Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_

2013 – 2014

High School Diploma Requirement Alternatives

***Ability to Benefit Test (ATB)***

The Federal Consolidated Appropriations Act of 2012, (Public Law 112-74) made changes to student eligibility for Federal Financial Aid starting with the 2012-2013 Award Year.

Students who do not have a High School Diploma or a recognized equivalent (e.g., GED or CHSPE), or do not meet the home school requirements, and who first enroll in a program of study **on or after** **July 1, 2012**, will not be eligible to receive Title IV Federal Student Aid.

A student who does not possess a high school diploma, or a recognized equivalent, but who is, or was, enrolled in a Title IV eligible program of study any time **prior to July 1, 2012**, may be eligible to receive Title IV Federal Student Aid under the following alternative:

* The student was enrolled in the eligible program prior to July 1, 2012, and can pass the federally approved Ability to Benefit Test (ATB).

Please take this form to the Assessment Office at the Institution where you took and passed the Ability to Benefit Test (ATB).

**Note: Below information to be completed by the Assessment Office for certification.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date test was given** | **Score Results** | **Passing Score Needed** | **Passed ATB Test?** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No |
| **Signature of test administrator certifying the above named individual was tested and results were accurately recorded.** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Printed Name of Testing Personnel | Signature of Testing Personnel | Date |

|  |
| --- |
|  |

Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to the Financial Aid Office.**

SCANNED

**Altered forms will not be accepted.**