



Lansing Community College
 1121 – Financial Aid Office
 Room 203, Gannon Building
 PO Box 40010
 Lansing, MI 48901-7210
 Phone: (517) 483-1200 (option 2)
 Fax: (517) 483-1170

**Financial Aid
 Ability to Benefit Test
 2009-2010**

Student Name: _____ Student Number: _____

1. During the 2009-2010 Academic year, will you be enrolled in High School: Yes No
2. Is English your primary language: Yes No
3. Student Signature: _____ Date: _____
4. **A Test Proctor in the Assessment Center** (Gannon Building, Room 200) must complete the bottom portion of this sheet after your testing. The Assessment Center will retain this form once it's complete.

COLLEGE PLACEMENT TEST

- Your Arithmetic Skills score is _____ which is a level _____. (34)*
- Your Reading score is _____ which is a level of _____. (55)*
- Your Writing score is _____ which is a level of _____. (60)*

CELSA TEST (used with non-native speakers)

- Your CELSA score is _____. (Form 1 = 97 (raw 27); Form 2 = 97(raw 23)*)

* () the scores in parentheses above are the cut scores needed to qualify for ATB and receive Financial Aid.

Test Proctor Name: _____

Test Proctor Signature: _____ Date: _____