



2018-2019 Ability to Benefit Verification

Lansing Community College
Gannon Suite 261 – Financial Aid
411 N. Grand Ave
Lansing, MI 48933
Phone: (517) 483-1200 (option 1)
Fax: (517) 483-1170
financialaid@lcc.edu

Name: _____

Username: _____

Instructions:

Complete the steps below to determine if you qualify to take an Ability to Benefit (ATB) test in order to establish eligibility for Federal Financial Aid. Please Note - students cannot submit this form directly to the Financial Aid Office.

STEP 1 – Determine if you qualify to take the ATB Test

Check the box that applies to you.

- I attended an eligible program prior to July 1, 2012 at LCC and will continue attendance in an eligible program at LCC (If you did not attend for a period of time you still meet this criteria).
 - LCC will verify your attendance upon receipt of this form. Continue to Step 2.
- I did not previously attend an eligible program at LCC or another institution but, prior to July 1, 2012, I declared a major in an eligible program and registered for courses in that program at LCC.
 - LCC will verify your registration date upon receipt of this form. Continue to Step 2.
- I attended an eligible program prior to July 1, 2012 at another institution and will begin attendance in an eligible program at LCC.
 - You, the student, must provide an unofficial transcript from your prior institution to the Financial Aid Office. Continue to Step 2.
- I did not meet any of the criteria above
 - If you do not meet any of the above criteria, you do not qualify to take the ATB test. You may establish eligibility for Federal Financial Aid in the future by completing a GED program, earning your High School Diploma or earning an Associate's Degree. Please see www.gedtestingservice.com for information regarding GED testing.

STEP 2 – Take the ATB Test

During the 2016-17 Academic Year, will you be enrolled in high school or a high school completion program?

- Yes
- No

Is Spanish your primary language?

- Yes
- No

STEP 3 - Take the Ability to Benefit (ATB) Test

Sign this form, and bring to the Placement Testing Center at the Gannon Building Starzone, and request to take the ATB test.

Signature: _____

Date: _____

For Office Use Only

TESTING SERVICES STAFF:

Attach a copy of this student's scores from SOATEST, Accuplacer or Wonderlics to this form and deposit in the Starzone Drop Box.

Accuplacer Passing Scores: Reading Comprehension = 55; Sentence Skills = 60; Arithmetic = 34

AATB