



2019 – 2020 Ability to Benefit

Lansing Community College
Financial Aid Office
Gannon Building Suite #2306
411 N. Grand Ave.
Lansing, MI 48933
Ph: (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 which applies to you:

- I attended an eligible program prior to July 1, 2012 at LCC and will continue 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 item. 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 [GED Testing Services](#) for information regarding GED testing.

Step 2 – Take the Ability to Benefit Test

During the 2019-2020 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 – Sign this form and bring it to the Placement Testing Center, located in the StarZone, and request to take the Ability to Benefit Test.

Signature: _____ Date: _____