

2025-2026 Ability to Benefit Verification Form

Student's Name:	ID Number:
have not graduated from high school or ea	dent must be qualified to study at the postsecondary level. FSA applicants who irned a GED are required to show an ability to benefit from college-level the question of high school completion either blank or as "other." In order to aplete this form.
Please check the box that makes a true states supports the statement.	tement of your circumstances. Attach a copy of the documentation that
☐ I have the recognized equivalent of a h☐ I completed homeschooling at the second☐ I have passed a Department of Education	ondary level ion approved ATB test ts of college work that are applicable to a degree or certificate offered by the
	on this form and any attachments are true and correct.
**Student's Signature	Date

^{**}Acceptable signatures include a "wet" or hand-written signature, a signature completed by stylus or using your finger and an electronic signature (through Adobe, DocuSign or other electronic signature applications). Typed or cursive signatures will not be accepted.