

RETURN TO FINANCIAL AID OFFICE:



(FACA66)



(FCCA66)



(FFCA66)



(FSCA66)

ATB/Unit Eligibility Form

STUDENT INFORMATION

Last Name

First Name

M.I.

Student ID#

Please complete the following items to request verification of eligibility (completion of six (6) degree-applicable units prior to July 1, 2012) to satisfy the Ability to Benefit (ATB) unit requirement for federal financial aid eligibility.

[] YES, I am at least 18 years of age and no longer enrolled in high school.

If NO, STOP here. You are not eligible.

[] YES, I do not have a high school diploma, GED, or Certification of Proficiency.

If YES, continue below for further eligibility determination.

If NO, bring original HS Diploma, GED, or Certificate of Proficiency.

[] YES, I was enrolled in a college or university prior to July 1, 2012.

If YES, continue below for further eligibility determination.

If NO, STOP here. You are not eligible.

[] YES, I have submitted official transcripts from all colleges/universities outside of the Los Rios District that I have attended to the College Admission and Records Office.

If YES, continue below for further eligibility determination.

If NO, submit the official transcripts to the College Admission and Records Office before submitting this form to the College Financial Aid Office.

Prior to July 1, 2012, I was enrolled at: _____ Name of College/University

CERTIFICATION AND SIGNATURE

I acknowledge that all information reported on this form and any attachment is true, complete, and accurate to the best of my knowledge. I understand that if I receive Federal Student Aid based upon incorrect information, then I will need to repay it; I may also be required to pay fines and fees.

Signature: _____ Date: _____

For Office Use Only

Enrollment Prior to 07/01/12: Yes No (circle one) 6 Degree-Applicable Units: Yes No (circle one) Transcript in OnBase: Yes No (circle one)
Course Name: _____ Units: _____ Course Name: _____ Units: _____ Course Name: _____ Units: _____
Comments: _____
Course Evaluator Name: _____ Course Evaluator Signature: _____ Date: _____
Financial Aid Staff Name: _____ Financial Aid Staff Signature: _____ Date: _____
Home College: [] ARC [] CRC [] FLC [] SCC