

## ABILITY TO BENEFIT FORM

(2016-2017 Academic Year – V4,V5)

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@			
CCC ID#	Last Name	First Name	MI
Mailing Address		City	State Zip Code
Telephone No. (include area code)		Email Address	

On the Free Application for Federal Student Aid (FAFSA) you were asked if you have a High School Diploma, a GED, or have completed Home-Schooling. Provide one of the following documents that indicate the student's high school completion status when the student will begin college in 2016–2017:

**Please check *ONE* of the following:**

<input type="checkbox"/>	I have received my High School Diploma and have attached a copy of it or a copy of my High School transcript showing graduation date.	High School Name: _____ Location (City / State): _____ Date earned (Month /Year): _____
<input type="checkbox"/>	I have received my GED or State-authorized examination such as the High School Equivalency Test (HiSET) or the Test Assessing Secondary Completion (TASC). I have attached this documentation.	Location (City / State): _____ Date earned (Month /Year): _____
<input type="checkbox"/>	I have <u>completed</u> a secondary home schooling program which is recognized by my state and have attached documentation from the State.	State of Approval: _____ Date completed (Month / Year): _____
<input type="checkbox"/>	I have completed at least a two-year Associate's degree program that is acceptable for full credit toward a bachelor's degree. An official academic transcript from my previous college has been submitted to Registration and Enrollment Services at CCC.	School Name: _____ Location (City / State): _____ Date earned (Month /Year): _____
<input type="checkbox"/>	I do not have any of the approved credentials.	I understand that I am not eligible for financial aid

*I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that submission of false information may result in a delay or denial of federal financial aid and may subject me to criminal charges.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date