



Ability-to-Benefit Verification

This form is required because you reported that you have not graduated from high school, received a General Education Development (GED) certificate, or completed home schooling. To be eligible for financial assistance, you must meet one of the following criteria:

1. Have a high school diploma or will graduate from high school prior to starting college (this can be from a foreign school if it is equivalent to a U.S. high school diploma);
2. Have the recognized equivalent of a high school diploma; such as a GED certificate, or have completed homeschooling at the secondary level; or
3. Prior to July 1, 2012, you were enrolled in a degree-seeking program that was eligible to receive Federal Aid and have completed an approved Ability-to-Benefit test (e.g. ATB placement test).

Student Name: _____ UH ID #: _____

Phone Number: _____ Date of Birth: _____

Check the box that is applicable to you.

A. HIGH SCHOOL GRADUATE OR EQUIVALENT.

- I graduated from a U.S. high school, or a foreign school that is equivalent to a U.S. high school
- I will graduate from a U.S. high school, or a foreign school that is equivalent to a U.S. high school

High School Graduation Date
- I received a GED certificate or a state-authorized high school equivalent certificate.
- I have completed a secondary education home school credential

B. DID NOT GRADUATE FROM HIGH SCHOOL OR EQUIVALENT.

- I was enrolled in a degree-seeking program of study prior to July 1, 2012.
- I have taken the Ability-to-Benefit test on _____
Date Taken
- I satisfactorily completed at least six credit hours that are applicable toward my degree.
- I have **NOT** graduated from a U.S. high school or equivalent, received a GED certificate or completed a secondary education home school credential, and I was **NOT** enrolled in an eligible program prior to July 1, 2012. *I am not eligible for financial aid.*

Complete and sign this form, return it to your home campus Financial Aid Office at the address listed below.

Student Signature: _____ Date: _____

RETURN THIS FORM ALONG WITH ANY OTHER REQUIRED DOCUMENTATION TO THE COMMUNITY COLLEGE CAMPUS THAT YOU WILL BE ATTENDING:

| Community College | Address | Email | Phone |
|------------------------------------|---|--|----------------|
| Hawai'i Community College | 200 West Kawili Street * Hilo, HI 96720 | hawccfao@hawaii.edu | (808) 934-2712 |
| Honolulu Community College | 874 Dillingham Boulevard * Honolulu, HI 96817 | honccfao@hawaii.edu | (808) 845-9116 |
| Kapi'olani Community College | 4303 Diamond Head Road * Honolulu, HI 96816 | kapinfo@hawaii.edu | (808) 734-9555 |
| Kaua'i Community College | 3-1901 Kaunualii Highway * Lihu'e, HI 96766 | kaucfao@hawaii.edu | (808) 245-8360 |
| Leeward Community College | 96-045 Ala 'Ike Street * Pearl City, HI 96782 | lccfao@hawaii.edu | (808) 455-0606 |
| University of Hawai'i Maui College | 310 West Ka'ahumanu Ave * Kahului, HI 96732 | mauifa@hawaii.edu | (808) 984-3277 |
| Windward Community College | 45-720 Kea'ahala Road * Kane'ohe, HI 96744 | wccfao@hawaii.edu | (808) 235-7449 |