

2024-2025 ABILITY TO BENEFIT APPLICATION - ATB

Ability to Benefit (ATB) is a federal financial aid program that can help eligible students qualify for financial aid if they do not already have a high school diploma or recognized equivalent (like a GED). ATB funding can help students pay for tuition, fees, textbooks, and other expenses related to higher education.

Student Information

Student First & Last Name

ctcLink ID #

Degree or Certificate Program

(Select from list of approved programs)

What quarter will the student start receiving funding?

(determined by academic advisor)

ATB Eligibility Option *(determined by academic advisor)*

Which eligibility criterion does the student meet for Ability to Benefit funding. Please select one option.

OPTION 1: College Credit Completion (SABC)

The student has already completed 6 college-level credits. The student is enrolled in the college's high school completion program, and they are pursuing an ATB-eligible degree or certificate program.

Option 2: ACCUPLACER Testing (SABT)

The student has successfully completed the ACCUPLACER tests with a score equal to or higher than the following: Reading (233), Writing (235), Math (230). The student is pursuing an ATB-eligible degree that is directly linked to a career pathway.

Option 3: State Approved I-BEST Program (SABS)

The student is co-enrolled in an Integrated Basic Education and Skills Training (I-BEST) and high school completion program, and the student is pursuing an ATB-eligible degree or certificate program.

Acknowledgement of Financial Aid Eligibility Requirements

In order to establish and maintain financial aid eligibility, you are expected to meet all Satisfactory Academic Progress (SAP) standards outlined in Skagit Valley College's SAP Policy. By signing this application, you acknowledge that you have reviewed and understand the minimum SAP requirements to maintain your eligibility. Each person signing this form certifies that all information reported on it is complete and correct.

Statement of Educational Purpose

I certify that I (**print student's name**) _____ am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Skagit Valley College for 2024-2025.

Student's Signature

Date

Student's ID Number

A copy of the student's updated education plan must be attached with this form in order to be considered complete. Incomplete forms will not be processed.

Advisor's Name (printed)

Student Signature

Date

Advisor's Signature

Date

SVC FINANCIAL AID OFFICE USE ONLY

ESK093

Active Program Matches
ESK093 Checklist

Ed Plan Verified
FAFSA Received

B12 Inactive
ATB Stu Group

Save to 2425 DOC LOAD
ATB Code ATB Tracker

**INITIALS
& DATE:**