

ESK093 Checklist

FAFSA Received

ATB Stu Group

ATB Code

ATTN: FINANCIAL AID OFFICE 2405 E College Way, Lewis Hall L121 Mount Vernon, WA 98273

& DATE:

ATB Tracker

Phone: MV - 360.416.7666 / WIC - 360.679.5320 Fax: MV - 360.416.7886 / WIC - 360.679.5375

2025-2026 ABILITY TO BENEFIT APPLICATION - ATB

•	(ATB) is a federal financ ve a high school diplom	, -			•
for tuition, fees, to Student Informa	extbooks, and other ex	penses related to hi	gher education		
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 O	ption (determined by	academic advisor))		
Which eligibility c	riterion does the stude	ent meet for Ability t	o Benefit fundi	ng. Please select on	e option.
The stude school con School con The stude following: directly ling Option 3: State The stude completion Acknowledgement of the stude stabling order to establing Progress (SAP) stated that you have revisigning this form of the stude stable of the stude completion order to establing the stable of	lege Credit Completion on thas already completed in the program, and UPLACER Testing (SAB) on the successfully completed in the successfully completed in a career pathwork approved I-BEST Program, and the student of Financial Aid Each and maintain financial and and ards outlined in Skapiewed and understand certifies that all informatical inf	ted 6 college-level cr they are pursuing a T) inpleted the ACCUPLA g (235), Math (230). ay. gram (SABS) Integrated Basic Educudent is pursuing an Eligibility Requirem tial aid eligibility, you git Valley College's S the minimum SAP re	ACER tests with The student is proceeded to the student of the stu	legree or certificate a score equal to or bursuing an ATB-elig s Training (I-BEST) a gree or certificate pr to meet all Satisfacto gning this applicatio maintain your eligib d correct.	program. higher than the lible degree that is lible degree that is lible degree that is lible degree. nd high school rogram. ory Academic library acknowledge library. Each person
			nce I may receive		ning this Statement of educational purposes and
Student's Signature		Date	Student	s's ID Number	
A copy of the student's <u>updated education plan</u> must be attached with this form in order to be considered complete. Incomplete forms will <u>not</u> be processed.			Advisor's N	lame (printed)	
Student Signature	•	Date	Advisor's S	ignature	Date
ESK093	Active Program Matches	Ed Plan Verified	B12 Inactive	ONLY Save to 2526 DOC LOAD	INΠIALS
LJINJJ I	ECKOOD OF THE	EAECA D : '	ATD CL C	ATD 6 1 :== =	9. DATE: