

2018-2019 Ability to Benefit Statement

SECTION A: STUDENT INFORMATION

Name:	UNID Assigned ID:	55N (last 4 digits omy):
SECTION B: CRITERIA		
		y at the postsecondary level as required by the ia).
• A student with a high school diploma	or its equivalent before the 201	18-2019 academic year is considered qualified.
• Two recognized equivalents are a Gentranscript with at least 60 credit hours.		GED) certificate and a postsecondary academic
SECTION C: ABILITY TO BENEFIT		
Please provide the following information below is needed to determine your eligibil	-	Senefit requirement. Your response to each step
STEP 1: Please indicate below the item th	nat applies to you:	
☐ High School Diploma Name of High School: ☐ GED		City/State:
STEP 2: Please indicate the date you received your high school diploma or GED (if you have not yet received your diploma or GED, please indicate date it will be received):		
×1		
SECTION D: CERTIFICATION		
	•	ol diploma or a GED. I understand that I must ctronic signatures are not accepted.
Student Signature	Date	
X		