Office of Financial Aid

documents to finaid@calbaptist.edu

			® 951.343.4236	
			finaid@calba	aptist.edu
	Ability-to-Ben	efit Verifica	tion Form	
STUDENT INFORM	•			
STODENT INFOR				
Last Name	First Name	M.I	SSN	ID
Permanent Address (include apt. #)	City	State	Zip Code
Date of Birth			Phone Number (include area code)	
have not graduated fr instruction. On your	tudent Aid (FSA) a student must be from high school or earned a GED a FAFSA, you answered the question ent Aid, you must complete and re	are required to show a on of high school com	n ability to benefit from	n college-level
 Has a high school d Has the recognized Has completed hom Has passed a Depar	as showing an ability to benefit in iploma (this can be from a foreign equivalent of a high school diplomates the old in the secondary level that approved ATB test. I letted 60 credits of college work the	n high school if it is eq na, such as a GED	uivalent to a U.S. high	school diploma).
Please complete the				
1. I have a High Scho	ool Diploma.	YES	NO	
2. I have a GED	nomeschooling at the secondary le	vel YES	NO NO	
	y completed 60 credits of college		NO	
	to a degree or certificate offered b		110	
	y of the above mentioned but have	•		
	information reported on this form and d that if I receive federal student aid l			
Submit the complete	ed and signed form to the Finan	cial Aid Office, 8432	Magnolia Ave, Riversio	le, CA 92504 or scan

Live your purpose.