

FINANCIAL AID & SCHOLARSHIPS  
ABILITY TO BENEFIT FORM

Student Name: \_\_\_\_\_

Social Security # or Student ID: \_\_\_\_\_

Major: \_\_\_\_\_

This is to request that my federal financial aid eligibility be reconsidered based on the following:

Please select one:

1. \_\_\_ I certify that I graduated from high school or successfully completed home schooling in \_\_\_\_\_ (Year)
2. \_\_\_ I certify that I have passed the GED in \_\_\_\_\_ (Year)
3. \_\_\_ I certify that I have taken all 3 sections of the ACCUPLACER on the same day and passed with the minimum scores required for the Ability to Benefit Test\* and I am not currently attending high school or being home schooled
4. \_\_\_ I certify that I have successfully completed 6 credit hours toward my degree or certificate program at Sinclair and I am not currently attending high school or being home schooled.

*If you selected option 4, please have your academic advisor complete the rest of this form. Transfer credits from another college and/or developmental courses do not meet this requirement.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

I have evaluated the transcript of the above-named student and have determined that the student has completed \_\_\_\_\_ credit hours with a C or better that will be applied toward their Sinclair degree/certificate program. These hours do not include any developmental coursework or transfer credits from another college.

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

\*The minimum scores for the Ability to Benefit Test (ACCUPLACER) are available in the Financial Aid & Scholarships office.