



Ability to Benefit Statement

Student Name: _____
(Last, First, MI)

Student ID: _____

Criteria:

To be eligible for financial aid funds, a student must be qualified to study at the postsecondary level as required by the Higher Education Amendments of 1992 (Ability to Benefit - ATB Criteria).

- ❖ A student with a high school diploma or its equivalent before the start of the academic year is considered qualified.
- ❖ Recognized equivalent is a General Education Development (GED) certificate.

Ability to Benefit:

Please provide the following information to complete the Ability to Benefit requirement. Your response is required to determine your eligibility for financial aid.

- ❖ Please indicate the item that applies to you:
 - High School Diploma
 - GED
- ❖ On what date did you receive your high school diploma or GED (if you have not received your diploma or GED please indicate the date it will be received).
 - Date _____

I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed. Electronic signatures are not accepted.

Signature: _____

Date: _____

Office of Financial Aid

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