

Financail Aid

30277 Avenue 12, Madera, CA 93638 | Phone: (559) 675-4849 | FAX: (800) 643-0518

2024-2025 EDUCATIONAL HISTORY

Student Name:	Student Name:		Student ID #:	
HIGH SCHOOL EDUCATIONAL Select the option below that bes		ool graduation status.		
☐ I am currently attending high school. Anticipated graduation date: / /				
☐ I am a high school graduate.				
Graduation date: /	Graduation date:/ Name of High School: City/State:			
☐ I passed the General Educational Development (GED) Test. Date passed: //				
☐ I completed the equivalent to a high school diploma in a foreign country:				
Name of country: Graduation date: / /			uation date: / /	
☐ I passed the California High School Proficiency Examination (CHSPE). Date://				
□ I passed the Ability to Benefit (ATB) test administered by Madera Community College. Date passed://				
I passed the Ability to Benefit (ATB) test administered by another eligible institution. Date passed: /				
☐ I am not a high school graduate and have not met the requirements for any of the equivalents listed above.				
Madera Community College	transcripts from each prior so quire evaluation of all academ er colleges besides Fresno Ci , or Oakhurst Center.	chool attended to our office. The	ne Fresno Ōity College Financial ncial aid is awarded.	
☐ I have attended the following		Number of Units	Type of Degree/Certificate	
Name of College/University	Dates Attended	Attempted	Earned	
☐ Thave earned a BA/BS dear	ree or beyond in the U.S. or ir	a foreign country	I	
	degree or beyond in the U.S	-		
I mave NOT earned a DA/DO	degree or beyond in the o.o	. or in a loreign country.		
	es that all of the information relation, you may be fined, s		ect. WARNING: If you purposely atures must be provided in blue or	
Student Signature:			Date:	
			6/25/2024	

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