

Financial Aid

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

2025-2026 EDUCATIONAL HISTORY

Student Name:	Student Name: Student ID #:		ent ID #:	
HIGH SCHOOL EDUCATIONAL Select the option below that be		ool graduation status.		
☐ I am currently attending high	n school. Anticipated graduati	on date: / /	_	
☐ I am a high school graduate				
Graduation date: / Name of High School: City/State:				
☐ I passed the General Educa	tional Development (GED) Te	est. Date passed:/	_/	
☐ I completed the equivalent to	o a high school diploma in a f	oreign country:		
Name of country: Graduation date: / / _			ation date://	
☐ I passed the California High	☐ 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.	hool attended to our office. The	e Fresno Čity College Financial cial aid is awarded.	
	☐ I have attended the following college(s)/university(s): Name of College(Histografity) Petco Attended Number of Units Type of Degree/Certificat			
Name of College/University	Dates Attended	Attempted	Earned	
☐ I have earned a BA/BS degree or beyond in the U.S. or in a foreign country.				
_	degree or beyond in the U.S	· ·		
	9			
	s that all of the information r		ect. WARNING: If you purposely tures must be provided in blue or	
Student Signature:				