

**SECTION 1: STUDENT INFORMATION**

NAME \_\_\_\_\_

Last Four of SS# \_\_\_\_\_

**SECTION 2: VERIFICATION**

Student	Food Stamps (Supplemental Nutrition Assistance Program – SNAP)	Parent(s)/Spouse
<input type="checkbox"/> YES  <input type="checkbox"/> NO	<p>In 2014 or 2015, did you, your spouse, your parent(s) or anyone in your or your parents' household receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program)?</p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO

**NOTE:** If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

**SECTION 3: SIGN THIS FORM**

*By signing below, both student and parent(s) acknowledge and confirm that the above is complete and correct. If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both. If parent's(s) information is included on this form, at least one parent must sign.*

Student's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_