

Office Use Only	

Office of Financial Aid

2016-2017 Food Stamps Worksheet

The information requested on this form is needed to process your application for financial aid for the 2016-2017 school year. Complete this form and return it to the Office of Financial Aid so your application can be processed. If you have been notified that you must complete this form and fail to do so, you may jeopardize your eligibility for financial aid. Please print. **Incomplete forms cannot be accepted.**

	XXX-XX
Student's Last Name First Name	SSN: (last four digits)
Date of Birth	Phone Number (include area code)
	camps were received during the 2014 or 2015 year. The Office of ation. Please check the appropriate box below.
Food stamps were <u>not</u> received in 20	014 or 2015.
My parent and/or stepparent receive	ed food stamps in 2014 or 2015.
I and/or my spouse received food sta	amps in 2014 or 2015.
If food stamps were received:	
Name of person (s) who received food stamp	os
	formation reported is complete and correct. I understand that if I
purposely give Jaise or misleading informatio	on on this form, I may be fined, sentenced to jail, or both.
Student Signature	Date
Parent Signature (required for dependent student)	