Dependent Verification of SNAP Benefits Received

Student’s Printed Name ___________________________ Student ID ___________________________________

☐ I, the student, certify that a member of my household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2011 or 2012.

☐ I, the student, certify that no one in my household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) during 2011 or 2012.

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 2011 or 2012.

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

______________________________________________ _____________________________________________
Student’s Signature      Date

______________________________________________ _____________________________________________
Parent’s Signature      Date

This worksheet should be submitted to

Shelton State Community College
Office of Financial Aid
9500 Old Greensboro Road
Tuscaloosa, Alabama  35405
FA@sheltonstate.edu