Your application has been selected for verification of your SNAP Benefits. Please complete all information on this form, in black or blue ink, and return to the Financial Aid Office. Your financial aid award will not be finalized or funds disbursed until this verification is complete.

A. Student Information

Last Name _______ First Name _______ MI _______ Phone Number _______ Crowder ID #

B. SNAP Verification

Dependent Student household includes:
The student, parents/stepparents even if the student doesn’t live with parents, the parents’ other children if the parent will provide more than half of their support between July 1, 2016 and June 30, 2017 or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017, and other people if they now live with the parents and the parent provides more than half of their support and will continue to provide more than half of their support between July 1, 2016 and June 30, 2017.

Independent Student household includes:
The student, spouse if student is married, the student’s or spouse’s children if the student or spouse will provide more than half of their support between July 1, 2016 and June 30, 2017 even if the children do not live with the student, and other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support between July 1, 2016 and June 20, 2017.

Has anyone in the household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps) any time during the 2014 or 2015 calendar years.
Yes □ No □ ***DO NOT LEAVE BLANK.  A BOX MUST BE SELECTED.

Certification

By signing this worksheet, I (we) certify that all the information reported on it is complete and correct. If dependent, the student and at least one parent must sign. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

__________________________________________________________________________ Date ____________ Date ____________
Student’s Signature Parent’s Signature (Dependent Students Only)

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.


STOP: DID YOU FULLY COMPLETE AND SIGN THIS FORM IN BLACK OR BLUE INK?
WE ARE UNABLE TO PROCESS ANY INCOMPLETE OR UNSIGNED FORMS. IF YOU HAVE QUESTIONS CONCERNING THIS FORM, CALL 417-455-5678 OR 417-455-5419.