SNAP17

2016-17 VERIFICATION WORKSHEET – SNAP BENEFITS RECEIVED

Your FAFSA was selected for review in a process called verification. In this process, Florida SouthWestern State College will compare information from your 2016-17 Free Application for Federal Student Aid (FAFSA) with the information you provide on this worksheet. The law requires us to ask for this information before awarding Federal aid. If there are differences between your application information and your financial documents, Florida SouthWestern State College will need to make corrections.

You are required to complete all appropriate sections of this form and submit it to FSW's Financial Aid Office with any additional requested documentation. If you do not complete this form or submit all of the required documents requested, we will not be able to complete the processing of your financial aid.

Student's name:_____
Last First M.I

Date of Birth:_____/_____/_____**Student ID Number:**_____**Phone:**_____-_____

Section 1: Food Stamps (Supplemental Nutrition Assistance Program – SNAP)

DEPENDENT STUDENTS COMPLETE BELOW (student was born on or after 1/1/1992 and parent information was included on the FAFSA):

Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program). SNAP may be known by another name in some states.

In 2014 or 2015, did you, your parents, or anyone in your parents' household receive Supplemental Nutrition Assistance Program (SNAP) benefits, previously called Food Stamps? **If yes, you must submit a copy of the notice of approval of benefits.**

☐ **YES** ☐ **NO**

INDEPENDENT STUDENTS COMPLETE:

Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program). SNAP may be known by another name in some states.

In 2014 or 2015, did you, your spouse, or anyone in your household receive Supplemental Nutrition Assistance Program (SNAP) benefits, previously called Food Stamps? **If yes, you must submit a copy of the notice of approval of benefits.**

☐ **YES** ☐ **NO**

Section 2: Sign this worksheet

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 worksheet, you may be fined, be sentenced to jail, or both. ***If the student is Dependent, one parent whose information was reported on the FAFSA must sign and date this form.***

Student's name:_____**Signature:**_____**Date:**_____

Parent's name:_____**Signature:**_____**Date:** _____
(Dependent students only)

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