

Student Financial Aid

2012-2013 Food Stamps (FoodShare Wisconsin) or Supplemental Nutrition Assistance Program (SNAP) Dependent Student Verification Form

Student Name:	Student ID or SSN:
Parent Name:	
parent(s) indicated that a member of the house Assistance Program (SNAP) food benefits during	cation for Federal Student Aid or FAFSA, the student and/or the chold had received Food Stamps or Supplemental Nutrition ng the 2010 and/or 2011 calendar year. As part of the Office must confirm who qualified for these benefit(s).
☑ Please mark all boxes below that apply:	
☐ The student received Food Stamps, Foo	odShare, or SNAP food benefits during 2010 and/or 2011.
Parent(s) received Food Stamps, FoodS	Share, or SNAP food benefits during 2010 and/or 2011.
	ehold received Food Stamps, FoodShare, or SNAP food ecipient's name:elationship to Student:
	eived Food Stamps, FoodShare, or SNAP food benefits during ection to the student's 2012-2013 FAFSA information.
We certify all information reported for the aband correct.	bove student to qualify for federal student aid is complete
Student Signature	Date
Parent Signature	 Date

SUBMIT THIS COMPLETED FORM TO YOUR STUDENT SERVICES OFFICE.

Questions? Contact your Student Services Office.