



Date: _____ Student ID: _____
Last Name: _____ First Name: _____
Phone Number: _____ Email Address: _____

Please update your account in SiS if the email address and phone number listed above is different.

Check the appropriate response regarding your receipt of Supplemental Nutrition Assistance Program benefits, otherwise known as SNAP benefits.

- A member of my parent’s household or my household (if independent), who is listed on my 2018-2019 FAFSA, received Supplemental Nutrition Assistance Program (SNAP) in 2016 or 2017, and if asked will provide documentation of the receipt of the SNAP benefits.

- No member of my parent’s household or my household (if independent), who is listed on my 2018-2019 FAFSA, received Supplemental Nutrition Assistance Program (SNAP) in 2016 or 2017.

CERTIFICATION

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance.

Student Signature Date

Parent Signature (*Required for Dependent Students*) Date