



Verification of Supplemental Nutrition Assistance Program (SNAP)

Dependent

2015-2016

To receive Federal Financial Aid you are required to verify the information you reported on your application for student financial aid. Please read the instructions and answer all the questions carefully. Return this form to: Salisbury University, 1101 Camden Avenue, Financial Aid Office, Salisbury, MD 21801.

A. Student Information

(Please Print)

Student Name _____

Birth Date

Address _____

Phone #

SU ID #

B. Student Information

- 1. ___ I did not receive Supplemental Nutrition Assistance Program (SNAP) in 2013 or 2014.
2. ___ I did receive Supplemental Nutrition Assistance Program (SNAP) in 2013 or 2014. You are required to attach documentation from the agency that issues the benefit.

C. Parent(s) Information

- 1. ___ I did not receive Supplemental Nutrition Assistance Program (SNAP) in 2013 or 2014.
2. ___ I did receive Supplemental Nutrition Assistance Program (SNAP) in 2013 or 2014. You are required to attach documentation from the agency that issues the benefit.

D. Sign this Worksheet

By signing this worksheet, we certify that all of the information reported on this worksheet is complete and correct. At least one parent must sign. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student signature _____ Date _____

Parent signature _____ Date _____