2015 – 2016
SNAP Benefit Verification Form

Student Name_________________________________________  ID________________________

You have indicated on your 2015-2016 FAFSA application that you, your parent or someone else in your household received SNAP (formerly known as food stamps) assistance in 2013 or 2014. You are subject to Federal Regulations which require verification of information supplied by you and/or your parent if a dependent student.

We ask you to please provide any/all applicable information in the section below and return this form to the Financial Aid Office or mail to the address list below. Your prompt return of this information will help assure timely processing of the student’s application.

Number in Family __________

_____I or my spouse received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) food benefits during 2013 or 2014.

_____My parent or someone in my parent’s household received Food Stamps or Supplemental Nutrition Assistance program (SNAP) food benefits during 2013 or 2014.

_____Neither I, my spouse, my parent nor anyone in my parent’s household received Food Stamps or Supplemental nutrition Assistance program (SNAP) food benefits during 2013/2014. Please make a correction to your 2015-2016 FAFSA information if you indicated SNAP benefits were received.

_____Other, please explain: ________________________________________________

________________________________________________________________________

________________________________________________________________________

By signing this form, you agree to provide information that will verify the accuracy of your information, if requested. If you purposely give false or misleading information, you will be referred to the United States Department of Education’s Inspector General. If you purposely give false or misleading information in order to qualify for Title IV funds, you may be fined, sent to prison or both.

___________________________________________________  Date_______________________
Student’s Signature

___________________________________________________  Date_______________________
Spouse -OR- Parent Signature

MAIL OR RETURN TO:
James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349