

**Student Self-Certification Form  
For Supplemental Nutrition Assistance (SNAP) (Formerly known as Food Stamps)**

Student's Name (printed): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

You and/or your parent(s) answered "yes" to the question on your FAFSA concerning receipt of the Supplemental Nutrition Assistance (SNAP) Program.

Please check the appropriate answer below. Both student and parent must sign this form if you were required to use your parental information on the FAFSA. Return this form to the Financial Aid Office.

Check ONE:

\_\_\_\_\_ One of the persons listed in the household size on the 2023-2024 Verification Worksheet received SNAP benefits during 2020 and/or 2021.

\_\_\_\_\_ No one listed in the household received SNAP benefits during 2020 and/or 2021.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (for Dependent Students)

\_\_\_\_\_  
Date