

**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 2024-2025 Verification Worksheet received SNAP benefits during 2021 and/or 2022.

_____ No one listed in the household received SNAP benefits during 2021 and/or 2022.

Student's Signature

Date

Parent's Signature (for Dependent Students)

Date