2015-2016 VERIFICATION OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

INDEPENDENT STUDENT OR PARENT OF DEPENDENT STUDENT:

You indicated on the 2015-2016 FAFSA that you, or a member of your household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) for the 2013 and/or 2014 calendar year and verification is needed.

Did you or a member of your household receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) for the 2013 and/or 2014 calendar year?

YES □ NO □

I/We certify that the above information about SNAP benefits is complete and correct. I/We understand that the information on this form may require further follow up from the Financial Aid Office. By signing this form, I/We certify that all of the information reported to qualify for Federal Student Aid is complete and correct. If I receive financial aid based on false or misleading information, I will be required to return the funds.

STUDENT NAME (PRINT): ___________________________ Student ID: A ____________

STUDENT SIGNATURE: ___________________________ DATE: ________________

PARENT SIGNATURE: ___________________________ DATE: ________________
(Dependent student only)

Please return this form to: WMCC – Financial Aid Office
2020 Riverside Drive
Berlin, NH 03570

02/2015