

Office of Financial Aid

2014-2015 SNAP Benefits Verification Form

The purpose of this form is to verify your Supplemental Nutrition Assistance Program Benefits (SNAP). Please complete and return this form to the Financial Aid Office by US Mail, Fax, or Email. For questions, call 717.691.6007.

Student Information

Last Name		First Name	M.I.	Messiah College S	Student ID
Date of Birth	Home Phone Number	Studer	t's E-mail	Parent's	E-mail
Suppleme	ental Nutrition Assistance P	rogram Benefi	ts (SNAP)		
Did the stud	dent or parent receive SNAP bend	efits (food stamps	s) during the cale	endar year 2012 or 201	3?
•	Student: Answer this question about The student. The parents (including a stepparen The parents' other children if the pathrough June 30, 2015, or if the other completing a FAFSA for 2014–2015 do not live with the parents. Other people if they now live with the continue to provide more than half	t) even if the stude arents will provide r her children would b 5. Include children the parents and the	nt doesn't live with more than half of the pe required to provide meet either of parents provide n	n the parents. heir support from July 1 vide parental informatio of these standards even	n if they were if the children
•	At Student: Answer this question at The student. The student's spouse, if the student The student's or spouse's children July 1, 2014, through June 30, 2019. Other people if they now live with the support and will continue to provide	t is married. if the student or sp 5, even if the childr ne student and the	ouse will provide en do not live with student or spouse	n the student. e provides more than ha	
	nave reason to believe that the infor Imentation from the agency that iss				, we may
	Form a signing this form certifies that all the student: Student and one parent necessity.				
Student's Sig	nature	Date Pai	rent's Signature or S	Spouse's Signature	 Date