

## Office of Financial Aid

## 2015-2016 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 Infor	<u>mation</u>				
Last Name		First Name	M.I.	Messiah College S	Student ID
Date of Birth Home Phone Number		Student's E-mail		Parent's E-mail	
<u>Supplementa</u>	Nutrition Assistance F	Program Bene	efits (SNAP)		
Did the student of Yes.  No.	or parent receive SNAP ben	efits (food stam	ips) during the cale	ndar year 2013 or 201	4?
<ul> <li>The s</li> <li>The p</li> <li>throughout comp</li> <li>Othe</li> </ul>	ent: Answer this question about the contents of the contents o	nt) even if the stu arents will provid ner children woul 6. Include childre he parents and tl	dent doesn't live with e more than half of to be required to proven who meet either on the parents provide meters.	n the parents. heir support from July 1 vide parental informatio of these standards even	n if they were if the children
<ul> <li>The s</li> <li>The s</li> <li>July</li> <li>Other</li> </ul>	dent: Answer this question all student. Student's spouse, if the student student's or spouse's children 1, 2015, through June 30, 201 r people if they now live with the lort and will continue to provide	nt is married. if the student or 6, even if the chi he student and the	spouse will provide rildren do not live with	n the student. e provides more than ha	
	reason to believe that the information from the agency that iss				, we may
	— ing this form certifies that all t				
	ent: Student and one parent r				· 
Student's Signature	)	Date I	Parent's Signature or S	pouse's Signature	Date