Student SNAP
Received Form (V2)

Student Legal Name: ___________________________ ( )

Last First M.I. Maiden Name

Student ID #: ________________

Student (and/or Spouse) Supplemental Nutrition Assistance Program (SNAP)

Did you or any people in your family** receive benefits from the Supplemental Nutrition Assistance Program (SNAP) in 2011 or 2012? (Please check one) Yes [ ] No [ ]

**People in your family are the people you included in your household on the 2013 – 14 FAFSA.

Required Signatures:
Each person signing this form certifies that all the information reported on it is complete and correct. If married, the spouse’s signature is optional.

_____________________________________________  ____________________
Student’s Signature               Date               Spouse’s Signature              Date