2013-14 Receipt of SNAP Benefits

KSC Financial Aid Office/ Federal Student Aid Programs

You are receiving this form because you indicated on your FAFSA that you or someone in your household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2011 or 2012. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

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Student's Name (Last, First, MI) **Student ID #**

The parents' household includes:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of their support from July 1, 2013 through June 30, 2014, or if the other children would be required to provide parental information if they were completing a FAFSA for 2013-2014. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2014.

Please indicate Yes or No below:

☐ YES—a qualifying member of my household received SNAP benefits during 2011 or 2012.

☐ NO—my household did not collect SNAP benefits during 2011 or 2012.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2011 or 2012.

Sign and return this worksheet. By signing this worksheet, you certify that all of the information provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of what has been reported on this form. If you purposely give false or misleading information, you may be fined up to $20,000, sent to prison, or both.

_____ _____

Student's Signature Date

_____ _____

Parent's Signature (required for dependent students) Date

You must return this worksheet within 30 days of receipt to avoid INACTIVE status.
***For more information, visit us online at* www.keene.edu/admissions/aid.**

Financial Aid Office– Keene State College, 229 Main Street, Keene, NH 03435-2606
Phone: 603-358-2280 – Fax: 603-358-2794 – Web: www.keene.edu/admissions/aid