SFSC Financial Aid Office

Supplemental Nutrition Assistance Program (SNAP) Verification 2021-2022

Student Information

Student's Name: _____

Student's Address: _____City:_____State:_____Zip:_____

Student's SFSC ID: _____Phone: (_____) _____

Additional Information

Check the box that applies:

☐ Someone in the student's household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2018 or 2019 calendar years.

PLEASE PROVIDE DOCUMENTATION FROM THE AGENCY THAT ISSUES THESE BENEFITS SHOWING WHO RECEIVED BENEFITS AND THE TOTAL AMOUNT RECEIVED.

☐ No one received SNAP benefits.

If this was reported in error on your 2021-2022 FAFSA, please explain:

_____

_____

_____

_____

*****You need to provide your parent's signature below if their information was required on 2021-2022 FAFSA*****

- **By signing below, the student acknowledges and confirms that the above is complete and correct.**

_____	_____	_____
Print Student's Name	Student's Signature	Date
_____	_____	_____
Print Parent's Name	Parent's Signature	Date

Please submit all documents to: SFSC Financial Aid Office
600 West College Drive, Building B, Avon Park, FL 33825
OR E-mail: FinancialAid@southflorida.edu

Revised: 2/25/2021, TAS