



Verification of (SNAP) Supplemental Nutrition Assistance Program Aid year: _____

Student's Information

Student's Last Name Student's First Name Student's M.I. Student's SFSC ID Number

Student's Street Address (include apt. no.) Student's Date of Birth

City State Zip Code Student's Email Address

Student's Home Phone Number (include area code) Cell Phone Number

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 2017 or 2018 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 2020-2021 FAFSA, please explain:

Three horizontal lines for explanation text.

You need to provide your parent's signature below if their information was required on 2020-2021 FAFSA.

Student's Signature Date Parent's Signature Date

Please submit all documents to: South Florida State College Financial Aid Office, Bldg. B 600 W. College Drive Avon Park, FL 33825