


Please return this form to:

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2018-19 DEPENDENT SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) VERIFICATION
SECTION A: STUDENT INFORMATION

STUDENT NAME: _____ STUDENT ID: _____

Your application has been selected for Verification. We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form. It was indicated on the FAFSA that a member in your parent(s) household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2016 or 2017. 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).

PLEASE NOTE:

- ✓ We cannot continue processing your financial aid until all required financial aid documents have been submitted.
- ✓ All required documents must be returned to our office within two weeks.
- ✓ We will update your FAFSA, if needed, based on the information provided on this form.

SECTION B: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

THE INSTRUCTIONS BELOW APPLY TO EACH HOUSEHOLD MEMBER [INCLUDING PARENT(S)] AS REPORTED ON THE FAFSA.

1. DID ANY MEMBER OF YOUR FAMILY RECEIVE BENEFITS FROM THE SNAP (OR "FOOD STAMP") PROGRAM IN 2016 OR 2017?

 AN ANSWER
IS REQUIRED

 No

I nor any other family member received SNAP ("Food Stamp") benefits.

I answered the questions in error. Please update my FAFSA accordingly.

 YES

ATTACHED is documentation from the Department of Job & Family Services that verifies receipt of SNAP benefits during 2016 and/or 2017.

2. PLEASE INDICATE BELOW WHICH FAMILY MEMBER(S) RECEIVED SNAP BENEFITS DURING 2016 OR 2017.
 YES

 NO

MYSELF (STUDENT).
 YES

 NO

MY PARENT(S) / STEP-PARENT(S).

 If Yes, name of recipient(s): _____

 YES

 NO

YOUR PARENT(S)' OTHER CHILDREN. Include children who meet either of these standards even if the children do not live with your parent(s).

⇨ Your parent(s) will provide more than half of their support from July 1, 2018 to June 30, 2019.

⇨ The other children would be required to provide parental information if they were completing a FAFSA for 2018-2019.

 If Yes, name of recipient: _____

 YES

 NO

OTHER PEOPLE if they now live with your parent(s) **and** your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2019.

 If Yes, name of recipient: _____

SECTION C: CERTIFICATION

By signing this form, I certify the information on the form and any attachments are accurate and complete to the best of my knowledge and that there is no forgery of signature(s). The information supplied on this form supersedes that which was provided on the FAFSA. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

STUDENT SIGNATURE: _____

DATE: _____

PARENT'S SIGNATURE: _____

DATE: _____