STUDENT SNAP VERIFICATION WORKSHEET

2015-2016 (F16SFS)

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>FIRST:</th>
<th>MI:</th>
<th>STUDENT ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE:</td>
<td>E-MAIL:</td>
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☐ NATIVE AMERICAN  ☐ NURSING  ☐ ARIZONA ASSURANCE  ☐ GRAD ELLER

Certification of SNAP-Food Stamps (Supplemental Nutrition Assistance Program) Benefits

Please note that, based on federal regulations, the Office of Scholarships and Financial Aid may also request documentation from the agency that issued the SNAP-Food Stamps benefit. You do not need to supply this documentation unless it is specifically requested.

Name of household member that received SNAP-Food Stamp benefits during the 2013 and/or 2014 calendar years:

Relation to student: Write “Self” if the SNAP beneficiary was the student.

CERTIFICATION: I certify that the information on this Student SNAP Verification Worksheet is accurate to the best of my knowledge.

Student Signature

Date

1 Items to be Verified and Acceptable Documentation: 34 CFR §668.57

Sisteaga 1-28-2015