2016-2017 Dependent Student SNAP Received Form

Student:__________________________________________ Student ID #:____________________________
Parent:___________________________________________

Parent Supplemental Nutrition Assistance Program (SNAP):

Did you or any individual in your family, who was included in your household size on the 2016-2017 FASFA, receive benefits from the Supplemental Nutrition Assistance Program (SNAP) in 2014 or 2015?

(Please Circle one)       Yes       No

Note: If there is any reason to believe that this information regarding the receipt of SNAP benefits is inaccurate, this office has the authority to request that you submit official documentation from the agency that issued the SNAP benefits in 2014 or 2015.

Required Signatures:
Each person signing this form certifies that all the information reported on it is complete and correct. At least one parent must sign and date.

______________________________________________ _____________________________________________
Father’s Signature Date Mother’s Signature Date

NOTE: Each person signing this form certifies that all of the information reported on it is complete and correct. The student and at least one parent must sign and write the date before submitting this form. If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both. This form must be submitted in a timely manner via fax or U.S. postal mail to the appropriate campus listed below:

The University of Southern Mississippi (Hattiesburg)
Office of Financial Aid
118 College Drive
Box 5101
Hattiesburg, MS 39406-0001
Phone: 601.266.4774
Fax: 601.266.5769

The University of Southern Mississippi (Gulf Park)
Office of Financial Aid
730 East Beach Blvd
Long Beach, MS 39560
Phone: 228.865.4513
Fax: 228.214.5415