



Rose State College
Office of Student Financial Aid
 6420 SE 15th Street
 Midwest City, Oklahoma 73110
 Phone (405) 733-7424 Fax (405) 736-0359
 Website <http://www.rose.edu> Email finaid@rose.edu

2014-2015 Supplemental Nutrition Assistance Program (SNAP) Verification Form

Student Name: _____ RSC Student ID#: _____

On your Free Application for Federal Student Aid (FAFSA) you indicated someone in your or your parent's household (if you were required to report parent information on your FAFSA) received Food Stamps – Supplemental Nutrition Assistance Program benefits (SNAP) in 2012 or 2013.

Please complete the following information regarding the supplemental nutrition assistance.

INDEPENDENT STUDENT

A member of my household, who is listed on my 2014-2015 FAFSA, did receive Supplemental Nutrition Assistance (SNAP) in 2012 or 2013, and if asked will provide documentation of the receipt of the SNAP benefits.

No member of my household, who is listed on my 2014-2015 FAFSA, received Supplemental Nutrition Assistance (SNAP) in 2012 or 2013.

I certify that all of the information reported on this form is complete and correct.

 Student Signature

 Date

DEPENDENT STUDENT

A member of my parent's household, who is listed on my 2014-2015 FAFSA, did receive Supplemental Nutrition Assistance (SNAP) in 2012 or 2013, and if asked will provide documentation of the receipt of the SNAP benefits.

No member of my parent's household, who is listed on my 2014-2015 FAFSA, received Supplemental Nutrition Assistance (SNAP) in 2012 or 2013.

Each person signing this form certifies that all of the information reported on it is complete and correct.

 Student Signature

 Date

 Parent Signature

 Date