Supplemental Nutrition Assistance Program (SNAP – Food Stamps) Form 2015-2016

Name: ___________________________ Panola ID ___________________________

Phone#: _________________________ Panola Email: _________________________

The financial aid office cannot process your financial aid package until verification of food stamp benefit has been complete.

Check one:

☐ Neither I (or my spouse, if married) nor my parent(s) received Food Stamps, Food Share, or Supplemental Nutrition Assistance Program (SNAP) food benefits during 2013 or 2014.

☐ I (or my spouse) received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) food benefits during 2013 or 2014.

☐ My parent(s) received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) food benefits during 2013 or 2014.

By signing below, each person certifies that all the information reported on this form is complete and correct.

Student’s Signature ___________________________ Date __________

Parent Signature (required for Dependent Students) ___________________________ Date __________

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

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