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## Supplemental Nutrition Assistance Program (SNAP – Food Stamps) Form 2016-2017

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 2014 or 2015.
- I (or my spouse) received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) food benefits during 2014 or 2015.
- My parent(s) received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) food benefits during 2014 or 2015.

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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