2017-2018 Verification of Supplemental Nutrition Assistance Program (SNAP)

STUDENT AND/OR PARENT OF DEPENDENT STUDENT:

You indicated on the 2017-2018 FAFSA that you or a member of your household received benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, in the 2015 and/or 2016 calendar year. Verification is needed.

Did you or did a member of your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, for the 2015 and/or 2016 calendar year?

YES ☐ NO ☐

By signing I/we certify that all of the information I/we provided is true and complete to the best of my/our knowledge and I/we agree, if asked, to provide information that will verify the accuracy of this completed form.

STUDENT NAME: ___________________________ GBCC ID: ______________

STUDENT SIGNATURE: ___________________________ DATE: ______________

PARENT SIGNATURE: ___________________________ DATE: ______________
(If Dependent student)

Please return this completed form to:

Great Bay Community College – Office of Financial Aid
320 Corporate Drive – Portsmouth NH 03801
Email - gbFinAid@ccsnh.edu
Phone (603) 427-7600 – Fax (603) 334-6308