SNAP Affirmation

You indicated on your FAFSA that someone in the household received Supplemental Nutrition Assistance Program (SNAP) benefits during the 2014 and/or 2015 calendar year. Please complete either Option 1 or Option 2 below (do not complete both options):

Wabash Student’s Information – Please Print

_______________________________________   __________________________________________
Student’s Name        Wabash Student ID #

OPTION 1
The parent/s of the above-referenced student certify that ______________________, a member of the parent’s household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in your state, please call 1-800-4FED-AID (1-800-433-3243). Only one household member needs to be listed.

The parent’s household includes:
• The Wabash student
• The parent/s (including a stepparent) even if the student doesn’t live with the parent/s
• The parent’s other children if the parent will provide more than half of the child’s support from 7/1/16 through 6/30/17, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards even if they do not live with the parent.
• Other people if they now live with the parent and the parent provides more than half of the other person’s support and will continue to provide more than half of their support through 6/30/17.

OPTION 2
☐ No one in the household received SNAP benefits in either 2014 or 2015.

Certification

By signing this worksheet, I certify that all information reported is complete and correct (the student and at least one parent must sign; electronic signatures are not acceptable).

____________________________________________________________ ________________________
Parent’s Signature          Date

____________________________________________________________ ________________________
Student’s Signature           Date

Return this form to the Wabash College Financial Aid Office
PO Box 352, Crawfordsville IN  47933
765-361-6166 (fax)