

2016-2017 SNAP

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM - PARENT

RETURN TO:

CAL POLY
FINANCIAL AID OFFICE
SAN LUIS OBISPO, CA 93407-0201
FAX: (805) 756-7243
EMAIL: financialaid@calpoly.edu

Student Last Name:

Student First Name:

Phone #:

EMPL ID#:

IMPORTANT: Submit as soon as possible. Aid will not disburse until all items are submitted and reviewed. Once all items are submitted, allow 3-6 weeks for review. If awarded FWS, SEOG, or Perkins, documents must be submitted no later than June 30, 2016 to avoid potential cancelation of those funds. In all circumstances, for any aid, documents must be submitted prior to the last day of a student's enrollment at Cal Poly.

The Department of Education has selected your student's FAFSA for review in a process called Verification. In this process we will be comparing information from your student's application with information we are collecting on this form. On your student's FAFSA you indicated someone in your household received benefits from the Supplemental Nutrition Assistance Program (SNAP).

For Office Use Only

Initials _____

PLEASE COMPLETE THIS INFORMATION:

Check all that apply:

No benefits received. This form does NOT Apply. Sign and Submit.

Parent Other Received SNAP benefits in calendar year 2014 or 2015.

Recipient Information

Name of Person who received SNAP Benefits: _____

Relationship to Student: _____

SIGN and DATE:

I certify that all information reported on this form and any attachment is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Parent Signature (Required. No electronic signature.)

Date