

**2017-2018 SNAP**

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM - PARENT**

|   |   |
|---|---|
| <b>RETURN TO:</b><br>CAL POLY<br>FINANCIAL AID OFFICE<br>SAN LUIS OBISPO, CA 93407-0201<br><b>FAX: (805) 756-7243</b><br><b>EMAIL: financialaid@calpoly.edu</b> | Student Last Name:                                    |
|   | Student First Name:                                   |
|   | Phone #: <span style="float: right;">EMPL ID#:</span> |

**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, 2017 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.

On your student's FAFSA you indicated someone in your household received benefits from the Supplemental Nutrition Assistance Program (SNAP).

**PLEASE COMPLETE THIS INFORMATION:**

*For Office Use Only*

Initials \_\_\_\_\_

Check all that apply:

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

Parent       Other      Received SNAP benefits in calendar year 2015 or 2016.

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**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