

2017-2018 SNAP

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM - STUDENT

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, 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 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.

Student/Spouse Other Received SNAP benefits in calendar year 2015 or 2016.

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.

Student Signature (Required. No electronic signature.)

Date