



Administration Building Room 113
1910 University Drive
Boise, ID 83725-1315
Phone: (208) 426-1664
Fax: (208) 426-1305

Email: FAQuest@boisestate.edu
Scholarships@boisestate.edu
URLs: financialaid.boisestate.edu
financialaid.boisestate.edu/scholarships

2016-2017 SNAP (Food Stamps) Verification

USE BLACK OR DARK INK ONLY

On the Free Application for Federal Student Aid (FAFSA), you indicated that you and/or someone in your household, or someone in your parent's household, received benefits from the Supplemental Nutrition Assistance Program (SNAP – formerly known as food stamps) in 2014 and/or 2015. To confirm this information, please complete and return this form to Boise State's Financial Aid and Scholarships Office.

Student Name: _____ Student ID #: _____
(Print or type) Last Name First Name

Box A: For students who did not provide parental information on their FAFSA.

Did you (or someone listed in your household on the 2016-2017 FAFSA) receive SNAP benefits in 2014 and/or 2015?
 Yes
 No

Before submitting, certify the validity of the above information and sign at the bottom of this page.

Box B: For parent(s) of dependent students, whose information is provided on their student's FAFSA.

Did you (or someone listed in your household on the 2016-2017 FAFSA) receive SNAP benefits in 2014 and/or 2015?
 Yes
 No

Before submitting, certify the validity of the above information and sign at the bottom of this page.

Required Signatures: Your signature indicates that all information provided on this form is complete and correct. Additional information may be requested if further clarification is necessary, or to resolve conflicting information. By signing this document, I certify that the information reported is complete and correct. If I purposely give false or misleading information, I may be fined, sentenced to jail, or both.

Student Signature Phone Number Date

Parent Signature (if parent information was provided on FAFSA) Phone Number Date