



Financial Aid and Scholarships  
Administration Building Room 113  
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Boise, ID 83725-1315

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## SNAP (Food Stamps) Verification 2017-2018

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 2015 and/or 2016. 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) First Name Last Name

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

Did you (or someone listed in your household on the 2017-2018 FAFSA) receive SNAP benefits in 2015 and/or 2016?  
 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 2017-2018 FAFSA) receive SNAP benefits in 2015 and/or 2016?  
 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 (Please print this form to sign)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if parent information was provided on FAFSA)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date