

Student Name: _____
Please print

Banner ID: _____

Dependent Verification Worksheet 2016-17 SNAP Supplement

Please check and complete ONE of the statements below:

_____ 1) I certify that one or more of the people listed as a household member on the Verification Worksheet received Supplemental Nutrition Assistance Program assistance (Food Stamps) at some time in 2014 or 2015.

_____ 2) None of the family members listed on the Verification Worksheet received Supplemental Nutrition Assistance Program assistance (Food Stamps) at any time in 2014 or 2015.

Parent Signature Date

Student Signature Date

WARNING: If you purposely give false or misleading information on this worksheet supplement, you may be fined, be sentenced to jail, or both.

Please return to:
Dickinson College
Financial Aid Office
P.O. Box 1773
Carlisle, PA 17013

Phone 717-245-1308
Fax 717-245-1972
Email finaid@dickinson.edu