To submit the completed form: In person: Office of Financial Aid, Burgin-Dossett – Room 105; Mail: Office of Financial Aid, P.O. 70722, Johnson City, TN 37614; Fax: (423) 439-5855; Email: finaid@etsu.edu

Dependent Student Self-Certification Form for Supplemental Nutrition Assistance (SNAP) Program (Formerly known as Food Stamps)

Student’s Name (printed): ________________________________________________

ETSU ID: E#_____________________________________________________________

Your parent(s) answered “yes” to the question your FAFSA concerning receipt of the Supplemental Nutrition Assistance (SNAP) Program (formerly known as Food Stamps).

Please have a parent check the appropriate answer below. Both student and parent must sign this form if you were required to use your parental information on the FAFSA. Return this form to our office.

Check One:

1. ____ One of the persons listed in the household size on the 2016-2017 Dependent Verification Worksheet received SNAP benefits during 2014 and/or 2015.

2. ____ No one listed in the household received SNAP benefits during 2014 and/or 2015.

________________________________________________________________________
Student Signature (Required) Date

________________________________________________________________________
Parent Signature (Required) Date