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

Student’s Name (printed): ________________________________

ETSU ID: E# ________________________________

On the FAFSA you answered “yes” to the question concerning receipt of the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps). Please check the appropriate answer below, sign and return this form to our office.

Check One:

1. ____ One of the persons listed in the household size on the 2015-2016 Independent Verification Worksheet received SNAP benefits during 2013 and/or 2014.

2. ____ No one listed in the household received SNAP benefits during 2013 and/or 2014.

____________________________
Student’s Signature
____________________________
Date

cajdocs/snapindstudent.docx

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