



2014-2015 Financial Aid Verification SNAP Benefits

Student's Last Name

Student's First Name

Student's Last 4 Digits of SSN

Why you are asked to complete this form: As indicated on your FAFSA, someone in your household received Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamp Program). The government requires Corban to confirm this information to complete your application for financial aid.

Please answer the following question:

At any time during the last two years did you or someone in your household receive Supplemental Nutrition Assistance Program or SNAP Benefits?

YES: ☐

NO: ☐

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature: _____

Date: _____

Parent Signature: _____

(If Dependent Student)

Date: _____

Please return completed worksheet to the Corban University Financial Aid Office

5000 DEER PARK DRIVE SE SALEM, OR 97317

Or Fax to: 503-585-4316

Questions? Call 503-375-7006, or email: financialaid@corban.edu