

Sandburg Financial Aid
2400 Tom L. Wilson Blvd
Galesburg, IL 61401
Phone: 309.341.5283
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COLLEGE™
www.sandburg.edu

2016-2017 Student's SNAP Benefits/Food Stamps Verification

Student's Name: _____

Student ID# _____ Last 4 SSN# xxx-xx- _____

In 2014 and/or 2015, did you or someone in your household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps).

_____ No person in my household received SNAP/Food Stamps in 2014 and/or 2015. Please correct the Financial Aid application.

_____ Yes the person listed below received SNAP/Food Stamps in 2014 and/or 2015

Please list the name of the person to whom SNAP Benefits were paid:

If asked by the school, I will provide documentation of the receipt of SNAP benefits during 2014 and/or 2015.

I certify the information provided above is true and complete.

Signature _____ Date _____