



2015-2016 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM FORM

Your 2015-2016 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your spouse (if applicable) reported on your FAFSA. To verify that you provided correct information GSU will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at GSU. We may need to ask for additional information in the future. If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.

STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork within 15 days of receipt to Governors State University. Incomplete paperwork will not be accepted, thereby delaying the processing of your financial aid award.

Student Name:		GS	U ID #	Last 4 digits of SS#:
Please Print	Last	First		
Permanent Home A				
	City		Sta	te Zip Code
Student's Date of Birth:		Home Phone #:		Cell #:
Email Address:				
Complete this section Program or SNAP (1) I and/or my the 2013 and and/or 2013 My parent(on if someone in the formerly known as y spouse (if married and/or 2014 calendate). (s)/stepparent receior 2014 calendar year.	food stamps) any time du d) received Supplemental ar years. I have provided o ived Supplemental Nutrit	eived benefits faring the 2013 and Nutrition Assistance in Assistance	from the Supplemental Nutrition Assistance and/or 2014 calendar year. Stance Program (Food Stamps) benefits during of the receipt of benefits during the 2013 Program (Food Stamps) benefits during the ne receipt of benefits during the 2013 and/or
□ No one in our household received Supplemental Nutrition Assistance Program (Food Stamps) benefits in 2013 or 2014.				
	g this worksheet cer	_	-	d on it is complete and correct. The student ll.
Student's Signature		Date	mislead	NG: If you purposely give false or ling information on this worksheet, you fined, be sentenced to jail, or both.
Parent Signature (Requi	red for dependent stude	nts). Date		

CRI CODE: FAC15SNP – PARENT FAC15SNS STUDENT

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