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**OFFICE of
STUDENT
FINANCIAL AID**

Office of Student Financial Aid
901 S. National Ave.
Springfield, MO 65897
MissouriState.edu/FinancialAid

2021-2022 SNAP Benefits Received

Student's Name (Last) *(First)* *M* _____
BearPass # *Student's Date of Birth*

You indicated either to our staff or on your FAFSA that during 2019 or 2020 a household member received benefits from the Supplemental Nutrition Assistance Program. In order to confirm this status and ensure appropriate aid is awarded, please complete and return this form to our office.

A. SNAP Benefits Received During the 2019 & 2020 Calendar Years

RECIPIENT OF SNAP BENEFITS	RELATIONSHIP TO STUDENT

B. Certification Statement & Signatures

By signing below, I acknowledge that I have read and understand the information on this form, and certify that all information submitted is accurate and true to the best of my knowledge. I understand that submitting this form does not guarantee that my request for financial assistance will be granted.

Student's Physical Ink-Signature (No Digital Signatures)

Date

Parent's Physical Ink-Signature (Required if Dependent Student)

Date