Student
Legal Name: ____________________________ MUID #: ______________________
Last First M.I.

Parent(s)
Legal Name: ____________________________
Last First

Parent Supplemental Nutrition Assistance Program (SNAP)

Did you or any people in your family** receive benefits from the Supplemental Nutrition Assistance Program (SNAP) in 2011 or 2012? (Please check one) Yes ☐ No ☐

**People in your family are the people you included in your household on the 2013 – 14 FAFSA.

Required Signatures:
Each person signing this form certifies that all the information reported on it is complete and correct. At least one parent must sign and date.

Father’s Signature Date Mother’s Signature Date