Student
Legal Name: ___________________________________________ (___________) MU ID #: __________________
Last   First   M.I.   Maiden Name

Student (and/or Spouse) 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. If married, the spouse’s signature is optional.

Student’s Signature  Date  Spouse’s Signature  Date