



Student Financial Aid & Scholarships

1621 Dr. Martin Luther King, Jr. Drive
Little Rock, AR. 72202
Phone: (501) 420-1226 Fax: (501) 400-8662
Email: financialaid@arkansasbaptist.edu
Homepage: www.arkansasbaptist.edu
School Code 00108700

**2017–2018 Verification
Receipt of SNAP Benefits
(Dependent Student)**

Students Name: _____ CAMS ID: _____

The parents/student(s) certify that _____, a member of the parents' household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

Parental/student Name: _____

The parents'/student(s) household includes:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of the children's support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017–2018. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

Students Signature Date

Parents Signature Date

For Office Use Only:

- Approved documentation
- Documentation Needed (Copy of SNAP Benefits Card)

FA Administrator: _____ Date: _____