



# Ogeechee Technical College

Office of Financial Aid  
One Joe Kennedy Blvd  
Statesboro, GA 30458  
Phone: (912) 681-5500 ~ Fax: (912) 486-7403  
Email: [fa@ogeecheetech.edu](mailto:fa@ogeecheetech.edu)

## Supplemental Nutrition Assistance Program (SNAP) Verification

Form: **SNAP17**  
Aid Year: 2017-2018

Please *Type* or *Print* clearly.

### Student Information:

_____	_____	_____	_____
Last Name	First Name	MI	Telephone Number
_____	_____	_____	_____
Social Security Number	OTC – Student ID Number	Date of Birth	

**Federal Student Aid Programs:** Your application was selected for review in a process called “Verification.” In this process, the Office of Financial Aid will be comparing information from your application with your (and your parent(s), if a dependent student or your spouse, if an independent student) financial documents. We are required to review your FAFSA information under financial aid program rules (34 CFR, Part 668). The law states we have the right to ask you for this information before awarding Federal Aid. If there are differences between your application information and your financial documents, corrections to your FAFSA may be required.

### Supplemental Nutrition Assistance Program (SNAP)

Your FAFSA indicates that someone in your household received Supplemental Nutrition Assistance Program (SNAP) Benefits ~ formerly known as the Food Stamp Program ~ during 2015 or 2016. **Please select one of the following statements:**

- Yes, I confirm that a member of my family that is listed in the household size on the FAFSA received Food Stamps (SNAP) benefits during the 2015 or 2016 calendar year.
- No one that is listed in the household size on the FAFSA received Food Stamps (SNAP) benefits during the 2015 or 2016 calendar year.

**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 2015 or 2016.

### Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct. The student (and one parent whose information was reported on the FAFSA, if a dependent student) must sign and date.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Required, if Dependent Student)

\_\_\_\_\_  
Date

**Do not mail this form to the Department of Education. Submit this worksheet to the Office of Financial Aid!**

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