



WATC

SNAP Benefits Confirmation 2015-2016

WICHITA AREA TECHNICAL COLLEGE

Student ID: W00 _____ Social Security #: _____ - _____ - _____

First Name: _____ MI: _____ Last Name: _____

Address: _____ Date of Birth: _____

City/State/ZIP: _____

Student/Parent certifies that _____, a member of the student's/parent's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamp Program) sometime during 2013 or 2014. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call the Department of Education.

Yearly amount of SNAP benefits received:

2013: \$ _____ 2014: \$ _____

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 2013 or 2014.

By signing this form, I certify that all of the information reported to qualify for Federal student aid is complete and correct.

Student signature _____ Date _____

Parent signature (dependent students only) _____ Date _____

Wichita Area Technical College
Financial Aid
4004 N. Webb Rd. Wichita, KS 67226
316-677-9400

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