

2014-2015

Independent Verification of Supplemental Nutrition Assistance (SNAP) Benefits

Office use only: Date received _____ Staff Initials___

Knowledge I nat works
Student Financial Services – RM E11
1825 N Bluemound Dr/ PO BOX 2277
Appleton WI 54912
Ph: (920) 735-5650 * Fax (920) 735-5763

Email: financialaid@fvtc.edu

Student Name	Student ID
• •	SNAP (formerly known as the Food Stamp Program) known by another name in some states. For assistance in
The <u>student's household</u> includes:	
support from July 1, 2014, through Jur student.Other people if they now live with the	married. ne student or spouse will provide more than half of their ne 30, 2015, even if the children do not live with the student and the student or spouse provides more than to provide more than half of their support through June
	ithin the household during 2012 and/or 2013. d within the household during 2012 and/or 2013.
Student Signature	Date