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2016-2017 Food Stamps/SNAP Confirmation Form

Student Name _____ Student ID# _____

This form is being requested because you indicated on the Free Application for Federal Student Aid (FAFSA) that you or someone in your household received food stamps/SNAP benefits in either 2014 or 2015. Please confirm below if someone in your household did or did not receive food stamps/SNAP benefits.

Check on of the following:

_____ No one in our current household received food stamps/SNAP benefits in either 2014 or 2015.
(Skip to signatures below).

_____ Yes, members of our current household received food stamps/SNAP benefits in 2014 or 2015. (List the household member including student below for whom food stamps/SNAP benefits were received in 2014 or 2015 and provide signatures below).

PRINT Full Name	Relationship	Year (s) Benefit was received
Missy Jones (example)	Sister	2015

Each person signing this worksheet certifies that all of the information reported on it is complete and accurate.

Student's Signature (required)

Date

Parent's Signature (required for dependent student)

Date