Student and Parent Information

Last Name __________________________ First Name __________________________ M.I. __________________________

____ ____________  ______________ Student Tech ID # or STAR ID

Cell Phone # / Home Phone # - __________________________________________

You indicated on your FAFSA that one or more members of your household or your parent's household (dependent students only) received Supplemental Nutrition Assistance Program (SNAP) benefits in 2014, 2015 or both. We need you to verify this information by completing the question below. SNAP is formerly known as the Food Stamp Program.

- Did anyone in your household receive Supplemental Nutrition Assistance Program - SNAP (food stamp) benefits at any time during 2014 or 2015?

  Yes ☐ ☐ No ☐ ☐ If yes, which year(s)? __________________________________________

- Did your parent(s) or anyone in your parent's household receive Supplemental Nutrition Assistance Program - SNAP (food stamp) benefits at any time during 2014 or 2015?

  Yes ☐ ☐ No ☐ ☐ If yes, which year(s)? __________________________________________

  I understand Itasca Community College may ask me to provide proof from the agency issuing the SNAP benefits if there is reason to believe the information is inaccurate.

Required Signature(s)

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

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

__________________________ Date ____________________________  ____________________________ Date

Student Date Parent (for dependent students only)

Return to: ICC Student Services Office
1851 East Highway 169
Grand Rapids, MN 55744

FAX – (218) 322-2325