Supplemental Nutrition Assistance Program
(SNAP – Food Stamps)
Form 2013-2014

Name:__________________________________________Panola ID________________________

Phone#______________________________Panola Email:____________________________________

The financial aid office cannot process your financial aid package until verification of food stamp benefit has been complete

Check one:

☐ Neither I (or my spouse, if married) nor my parent(s) received Food Stamps, Food Share, or Supplemental Nutrition Assistance Program (SNAP) food benefits during 2011 or 2012.

☐ I (or my spouse) received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) food benefits during 2011 or 2012.

☐ My parent(s) received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) food benefits during 2011 or 2012.

By signing below, each person certifies that all the information reported on this form is complete and correct.

Student’s Signature __________________________ Date ______________

Parent Signature (required for Dependent Students) __________________________ Date ______________

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

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