2016-2017
Dependent Student Federal Benefit Program Participation

Student Name:

Please Use Black or Blue Ink

<table>
<thead>
<tr>
<th>Federal Benefit Program</th>
<th>Received Benefits in Calendar Year 2014 or 2015?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP/food stamps)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Free or Reduced Price Lunch</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

Certification/Signature:
Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

Student's Signature (electronic signature not acceptable) ___________________________ Date ___________________________

Parent's Signature (electronic signature not acceptable) ___________________________ Date ___________________________

Printed Name of Parent Who Signed Above ___________________________ Street Address ___________________________ City ___________________________ State __________ Zip __________

Please return to:
Office of Scholarships and Financial Aid
119 Student Union, Stillwater, OK 74078-5061
Email: finaid@okstate.edu
Phone: (405) 744-6604
http://financialaid.okstate.edu
FAX#: (405) 744-6438

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