Dependent Student Federal Benefit Program Participation

The OSU Office of Scholarships and Financial Aid must, by federal regulations, verify the information reported on the 2017-2018 Free Application for Federal Student Aid (FAFSA). We cannot determine aid eligibility or disburse funds until all requested documents are received and reviewed. In some cases, we must submit changes in information to the U.S. Department of Education (FAFSA processor); at that time, the student will receive communication from our office as well as a Student Aid Report from the FAFSA processor.

In 2015 or 2016, did the student, parent(s), or anyone in the parent(s)’ household receive benefits from any of the federal benefit programs listed below? Report benefits received for all of the parent(s)’ household members. Include in the parent(s)’ household:

1) The student and the student’s parent(s), even if the student doesn’t live with the parent(s);
2) The parent(s)’ other children if (a) the parent(s) will provide more than half of their support from July 1, 2017 through June 30, 2018, or (b) the children would have to report parent information on the FAFSA if they applied; and
3) Other people only if they live with the parent(s), the parent(s) provide more than half of their support, and the parent(s) will continue to provide more than half of their support from July 1, 2017 through June 30, 2018.

<table>
<thead>
<tr>
<th>Federal Benefit Program</th>
<th>Received Benefits in Calendar Year 2015 or 2016?</th>
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</thead>
<tbody>
<tr>
<td>Medicaid or Supplemental Security Income (SSI)</td>
<td>□ Yes □ No</td>
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<tr>
<td>Supplemental Nutrition Assistance Program (SNAP/food stamps)</td>
<td>□ Yes □ No</td>
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<tr>
<td>Free or Reduced Price Lunch</td>
<td>□ Yes □ No</td>
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<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>□ Yes □ No</td>
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<tr>
<td>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td>
<td>□ Yes □ No</td>
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</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
(If you fax this form, please don’t mail it)