Name: ________________________________ LETU ID ________________

Phone# ______________________________

Email: ______________________________

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

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 2013 or 2014.

☐ I (or my spouse) received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) food benefits during 2013 or 2014.

☐ My parent(s) received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) food benefits during 2013 or 2014.

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.

Return all documents to the LETU Financial Aid Office
1-800-759-8811 ext. 3450

P.O. Box 7001, Longview, TX 75607
Fax to 903-233-4302 or scan and email to FinancialAid@letu.edu or FinAid@letu.edu