



**2016-2017 Verification of Supplemental Nutrition Assistance Program**

**(SNAP/Food Stamps)**

List the amount of SNAP/Food Stamp benefits received in 2015 for the all family members listed on your FAFSA.

If **DEPENDENT**: list yourself, your parent(s) (including step-parent) and their children even if they do not live with your parent(s) but will receive more than half of their support from them between July 1, 2016 and June 30, 2017 and other people who live with them and will receive more than half of their support from them between July 1, 2016 and June 30, 2017.

If **INDEPENDENT**: List yourself, your spouse (if applicable) and your children and other people who live with you and will receive more than half of their support from you (and/or your spouse) between July 1, 2016 and June 30, 2017.

**Also provide a statement from the applicable agency or alternative documentation that shows proof of benefits received in 2015.**

Full Name	Amount received
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

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Student Date Parent (dependent students only) Date

Please return this form and supporting documentation to:

St. John's College  
 Financial Aid Office  
 60 College Ave  
 Annapolis, MD 21401  
 Annapolis.FinancialAid@sjc.edu  
 (410) 626-2885 (fax)

St. John's College  
 Financial Aid Office  
 1160 Camino Cruz Blanca  
 Santa Fe, NM 87505  
 SantaFe.FinancialAid@sjc.edu  
 (505) 984-6164 (fax)