

SIERRA COLLEGE

Financial Aid Office • 5000 Rocklin Rd • Rocklin CA 95677 • (916) 660-7310 • Fax (916) 630-4541

Food Stamps (SNAP) Proof - 2012-2013

Student Last Name	First Name	M.I.	Student ID Number
Address (include apt. no.)			Date of Birth
City	State	ZIP Code	Phone Number (include area code)

A. Please list everyone in your household and your parents' household (if you are dependent on the FAFSA) who received Food Stamps (SNAP) in 2010 or 2011:

_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Please attach documentation from the agency that issues Food Stamps benefits or a copy of the Food Stamps Debit Card.

Documentation from the agency that issues Food Stamps is attached.

OR

A copy of the Food Stamps Debit card is attached.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(If you are dependent on the FAFSA)