Independent Student Self-Certification Form
for
Supplemental Nutrition Assistance (SNAP) Program
(Formerly known as Food Stamps) [ESSNAP]

Student’s Name (printed): _______________________________________________________

ETSU ID: E# _________________________________________________________________

On the FAFSA you answered “yes” to the question concerning receipt of the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps). Please check the appropriate answer below, sign and return this form to our office.

Check One:

☐ One of the persons listed in the household size on the 2016-2017 Independent Verification Worksheet received SNAP benefits during 2014 and/or 2015.

☐ No one listed in the household received SNAP benefits during 2014 and/or 2015.

_________________________________________  _________________________
Student Signature (Required)                      Date