



**St. John's University**  
**Office of Student Financial Services**  
 Receipt of Supplemental Nutrition Assistance Program 2024-2025  
 (Dependent Student)

**Student Name:** \_\_\_\_\_ **X ID Number:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **Alternate/Cell Number:** \_\_\_\_\_

Submit form by securely uploading to: [www.stjohns.edu/SFSdocumentupload](http://www.stjohns.edu/SFSdocumentupload)

The parent(s) certify that \_\_\_\_\_, a member of the parents' household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2022 or 2023. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The parents' household includes:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parent(s) will provide more than half of the child's support from July 1, 2024, through June 30, 2025, or if the other children would be required to provide parental information if they were completing a FAFSA for 2024-2025. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parent(s) and the parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.

**Note:** If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2022 or 2023.

**A mistake was made on my FAFSA and neither I nor any member of my parents' household received (SNAP) benefits in 2022 or 2023.**

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

**Certification and Signatures**

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.

\_\_\_\_\_  
 Print Student's Name

\_\_\_\_\_  
 Student's X ID Number

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date