

PTC ID: _____ Name: _____

A. Receipt of SNAP Benefits

_____ DEPENDENT STUDENT
(Parent must complete)

_____ INDEPENDENT STUDENT
(Student must complete)

The student or parent certifies that a member of the household included on the FAFSA received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2012 or 2013.

Check only one box that applies pertaining to SNAP Benefits Received:

- ☐ Check here if SNAP benefits were received during 2012 or 2013.
- ☐ Check here if SNAP benefits were not received during 2012 or 2013.

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 2012 or 2013.

B. Child Support Paid

_____ DEPENDENT STUDENT (Parent must complete)

One of the parents included in the household or the student paid child support in 2013.

_____ INDEPENDENT STUDENT (Student must complete)

The student or spouse, who is a member of the student's household, paid child support in 2013.

_____ Child support was NOT paid by anyone in the household in 2013.

List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2013 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2013
			\$
			\$
			\$
			\$
			\$

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation.

C. Certification and Signatures

I hereby declare that all information reported on this document is true, complete and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

****Electronic signatures will not be accepted.****

Student's Signature

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Parent's Signature

Date

(if student is dependent)

D. Identity and Statement of Educational Purpose--*Must be signed in presence of college official*

Identity:

The student must appear in person at Piedmont Technical College to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, a driver's license, other state-issued ID, or passport.

Statement of Educational Purpose:

I certify that I _____ am the individual signing this Statement of Educational Purpose
(Print Student's Name)

and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Piedmont Technical College for 2014-2015.

Must be signed in the presence of a college official:

Student's Signature _____ Date _____

COLLEGE OFFICIAL USE ONLY:

☐ Identity Verified & Copy Maintained

☐ Witnessed Student Signature

College Official Signature: _____ Date: _____