2010-2011
Dependent Federal Benefit Program Worksheet

Please complete with blue or black ink.

Student Last Name  First Name  Middle Name  SSN

The student and/or parent(s) (or stepparent) indicated on the 2010/2011 FAFSA that benefits were received in 2008 or 2009 from at least one of the federal benefit programs listed below.

Please indicate benefits received from each program for the 2008 or 2009 calendar year (Jan. 1 to Dec. 31). For any program for which funds were NOT received, please answer zero.

Do not leave any item blank.

<table>
<thead>
<tr>
<th>Student</th>
<th>Parent(s) / Stepparent</th>
<th>Other Person(s) Included In Household Size</th>
<th>Federal Benefit Program Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td><strong>Supplemental Security Income (SSI)</strong> This benefit is designed to help aged (65 or older), blind, and/or disabled people, who have little or no income.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Food Stamps</strong> (List number of months received)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Free or Reduced Price School Lunch</strong> (List number of months received)</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td><strong>Temporary Assistance for Needy Families (TANF)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Special Supplemental Nutrition Program for Women, Infants and Children (WIC)</strong> (List number of months received)</td>
</tr>
</tbody>
</table>

Please print the name(s) of the person(s) who received the benefits listed above.

_______________________________________________________________________________________
_______________________________________________________________________________________
Name of Benefit Recipient  Relationship to the Student
(for example: student, mother, brother, etc.)
_______________________________________________________________________________________
_______________________________________________________________________________________
Name of Benefit Recipient  Relationship to the Student
(for example: student, mother, brother, etc.)

By signing below, we certify that all of the information reported on this worksheet is complete and correct. At least one parent, whose information is included on the FAFSA, must sign below. **Warning**: If you purposely give false or misleading information on this worksheet, you may be fined and/or sentenced to jail.

_______________________________________________________________________________________
_______________________________________________________________________________________
Student Signature  Date  Parent/Stepparent Signature  Date

Mail, Fax or Return this form to: MidAmerica Nazarene University, Attn: SFS
2030 E. College Way, Olathe, KS 66062
Fax: (913) 971-3482
Phone: (913) 971-3298