

2008-2009

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 2008/2009 FAFSA that benefits were received in 2007 from at least one of the federal benefit programs listed below.

Please indicate the benefits received from each program for the 2007 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.

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

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