

**MIDAMERICA**  
**NAZARENE UNIVERSITY**

**2007-2008**  
**Independent Federal Benefit Program Worksheet**

Student Last Name                      First Name                      Middle Name                      SSN

The student has indicated on the 2007/2008 FAFSA that benefits were received in 2006 from at least one of the federal benefit programs listed below.

Please indicate the benefits received from each program for the 2006 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	Spouse	Other Person(s) Included In Household Size	Federal Benefit Program Description
\$	\$	\$	<b>Supplemental Security Income (SSI)</b> This benefit is designed to help aged (65 or older), blind, and/or disabled people, who have little or no income.
\$	\$	\$	<b>Food Stamps</b>
			<b>Free or Reduced Price School Lunch</b> (List number of months received)
\$	\$	\$	<b>Temporary Assistance for Needy Families (TANF)</b>
\$	\$	\$	<b>Special Supplemental Nutrition Program for Women, Infants and Children (WIC)</b>

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, spouse, son, etc.)

\_\_\_\_\_  
 Name of Benefit Recipient

\_\_\_\_\_  
 Relationship to the Student  
 (for example: student, spouse, son, etc.)

By signing below, I certify that all of the information reported on this worksheet is complete and correct.  
**Warning:** If you purposely give false or misleading information on this worksheet, you may be fined and/or sentenced to jail.

\_\_\_\_\_  
 Student 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