



## Social Services Received in 2024 (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Medicaid                     | <input type="checkbox"/> Refugee Cash Assistance (RCA)             |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> State Food Assistance Program (FAP)       |
| <input type="checkbox"/> SNAP (Basic Food Assistance) | <input type="checkbox"/> Housing Assistance (Section 8 or similar) |
| <input type="checkbox"/> Free or Reduced Lunch        | <input type="checkbox"/> Assistance from Non-Profit Organization   |
| <input type="checkbox"/> TANF                         | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> WIC                          |  |
| <input type="checkbox"/> Unemployment Benefits        |  |

## Certification and Signature

I certify that the information provided in this application and other financial aid documents is true and correct to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, imprisonment, or both.

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**Student/Contributor/Submitter**

**Signature**

**Date**

**First and Last Name**

*Typed signatures will not be accepted. Signatures must be drawn electronically or signed with a pen. Contact our office if you are unable to provide a contributor or submitter's signature due to special circumstances.*

## How to Submit This Form

- Upload this form and any required documents via [our secure document upload tool](#). Documents submitted via email will not be accepted for security reasons.
- OR
- Visit the Financial Aid Office in-person in the Student Affairs Building, Room 231 during our operating hours to return the completed form. Check [our website](#) before coming to campus to ensure our office is open when you will be here.

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