Student Information

Last Name                                First Name                                NTCC Student ID

Email Address                            Phone Number (include area code)

Section A. Dependent Student SNAP – CALENDAR YEAR 2012 or 2013

By the signatures listed below, we certify that _________________________________, a member of the parent’s household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamp Program) sometime during 2012 or 2013.

________________________________________  ______________________
Student Signature                        Date

________________________________________  ______________________
Parent Signature                         Date

Section B. Independent Student SNAP – CALENDAR YEAR 2012 or 2013

By my signature below, I certify that _________________________________, a member of the student’s household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamp Program) sometime during 2012 or 2013.

________________________________________  ______________________
Student Signature                        Date

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

Sullivan Campus
1710 Sullivan Campus
Bogalusa, LA 70424
(985)732-6648 Fax

Slidell Site-Behrman
56707 Behrman Street
Slidell, LA 70458
(985)646-6429 Fax

Hammond Campus
111 Pride Drive
Hammond, LA 70401
(985)543-4121 Fax

Connect to Success
SELU-North Campus
900 B West University
Hammond, LA 70402
(985)549-5141 Fax

Florida Parishes Campus
948 Highway 1042
Greensburg, LA 70441
(225) 222-6034 Fax

LASNAP
Revised November 6, 2014