PFB21

2020-2021
Dependent Student Federal Benefit Program Participation

Please Use Black or Blue Ink

Student Name:	OSU Student ID ("A" plus 8 digits)
	A

The OSU Office of Scholarships and Financial Aid must, by federal regulations, verify the information reported on the 2020-2021 Free Application for Federal Student Aid (FAFSA). **We cannot determine aid eligibility or disburse funds until all requested documents are received and reviewed.** In some cases, we must submit changes in information to the U.S. Department of Education (FAFSA processor); at that time, the student will receive communication from our office as well as a Student Aid Report from the FAFSA processor.

In 2018 or 2019, did the student, parent(s), or anyone in the parent(s)' household receive benefits from any of the federal benefit programs listed below? Report benefits received for all of the parent(s)' household members. Include in the parent(s)' household:

1) The student and the student's parent(s), even if the student doesn't live with the parent(s);
2) The parent(s)' other children if (a) the parent(s) will provide more than half of their support from July 1, 2020 through June 30, 2021, or (b) the children would have to report parent information on the FAFSA if they applied; and
3) Other people only if they live with the parent(s), the parent(s) provide more than half of their support, and the parent(s) will continue to provide more than half of their support from July 1, 2020 through June 30, 2021.

Federal Benefit Program	Received Benefits in Calendar Year 2018 or 2019?	
Medicaid or Supplemental Security Income (SSI)	❑ Yes	❑ No
Supplemental Nutrition Assistance Program (SNAP/food stamps)	❑ Yes	❑ No
Free or Reduced Price Lunch	❑ Yes	❑ No
Temporary Assistance for Needy Families (TANF)	❑ Yes	❑ No
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	❑ Yes	❑ No

Certification/Signature:

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. **If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.**

_____ _____

Student's Signature *(electronic signature not acceptable)* **Date**

_____ _____

Parent's Signature *(electronic signature not acceptable)* **Date**

_____

Printed Name of Parent Who Signed Above **Street Address** **City** **State** **Zip**

Return to:
Office of Scholarships and Financial Aid
119 Student Union, Stillwater, OK 74078-5061
Fax: (405) 744-6438 *(if you fax, please do not mail the form)*
Questions?
Email: finaid@okstate.edu
Phone: (405) 744-6604
Web: financialaid.okstate.edu