

**SFB26****2025-2026****Independent Student Federal Benefit
Program Participation***Please Use Black or Blue Ink***Student Legal 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 2025-2026 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, you will receive communication from our office as well as a FAFSA Submission Summary from the FAFSA processor.

In 2023 or 2024, did you (or your contributor (spouse), if married) or anyone in your household receive benefits from any of the federal benefit programs listed below? Report benefits received for all of your household members. Include in your household:

- 1) Yourself (and your contributor (spouse), if you are married);
- 2) Your dependent children (even if they live apart because of college enrollment), if you will provide more than half of their support from July 1, 2025 through June 30, 2026; and;
- 3) Other people living with you now and, you provide more than half of their support, and you will continue to provide more than half of their support from July 1, 2025, through June 30, 2026.

Federal Benefit Program	Received Benefits in Calendar Year 2023 or 2024?	
Earned Income Tax Credit (EIC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Federal Housing Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Free or Reduced-Price School Lunch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medicaid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refundable Credit for Coverage Under a Qualified Health Plan (QHP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplemental Nutrition Assistance Program (SNAP/food stamps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Certification/Signature:

By signing this form, I certify that all the information reported to qualify for federal student aid is complete and correct. **If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student's Signature *(Stylus or ink pen only)***Date****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