PFB27

2026-2027
Contributor (Parent) Family 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 2026-2027 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 FAFSA Submission Summary from the FAFSA processor.

At any time in 2024 or 2025, did the student, contributor (parent), or anyone in their family receive benefits from any of the federal programs listed below? Include in the contributors' family:

- **The STUDENT;**
- **The contributor whose information is on the FAFSA,** and contributor's spouse/partner, if married or remarried;
- **Contributor(s)' other dependent children** (even if they live apart due to college enrollment) **and other people living with the contributor now** whom the contributors will provide more than half of their support from July 1, 2026 through June 30, 2027

Federal Benefit Program	Received Benefits in Calendar Year 2024 or 2025?	
Earned Income Tax Credit (EIC)	❑ Yes	❑ No
Federal Housing Assistance	❑ Yes	❑ No
Free or Reduced-Price School Lunch	❑ Yes	❑ No
Medicaid	❑ Yes	❑ No
Refundable Credit for Coverage Under a Qualified Health Plan (QHP)	❑ Yes	❑ No
Supplemental Nutrition Assistance Program (SNAP/food stamps)	❑ Yes	❑ No
Supplemental Security Income (SSI)	❑ 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 *(Stylus or ink pen only)* **Date**

_____ _____

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

_____

Printed Legal Name of Contributor 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