



PFB28

2027-2028

Contributor (Parent) Family Federal Benefit
Program Participation

Please Use Black or Blue Ink

OSU Student ID
("A" plus 8 digits)

Student Legal Name:

A

The OSU Office of Scholarships and Financial Aid must, by federal regulations, verify the information reported on the 2027-2028 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 2025 or 2026, 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 the 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, 2027, through June 30, 2028

Federal Benefit Program	Received Benefits in Calendar Year 2025 or 2026?	
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

*Only select 'Free or Reduced-Price School Lunch' if the family met the U.S. Department of Agriculture income requirements. Do not select if they only received this benefit because they live in a school district, city, county or state that offers free or reduced-price meals to all students, regardless of income.

Certification/Signature:

Each person signing below certifies that all of the information reported is complete and correct. The student and Parent 1, 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 1's (Parent 1's) Signature *(Stylus or ink pen only)*

Date

Printed Legal Name of Contributor 1 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

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