



**2019-2020  
Dependent Student Federal Benefit  
Program Participation**

**PFB20**

*Please Use Black or Blue Ink*

OSU Banner ID ("A" plus 8 digits)							
A							

Student Name: \_\_\_\_\_

The OSU Office of Scholarships and Financial Aid must, by federal regulations, verify the information reported on the 2019-2020 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 2017 or 2018, 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, 2019 through June 30, 2020, 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, 2019 through June 30, 2020.

Federal Benefit Program	Received Benefits in Calendar Year 2017 or 2018?	
Medicaid or Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplemental Nutrition Assistance Program (SNAP/food stamps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Free or Reduced Price Lunch	<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:**

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](mailto:finaid@okstate.edu)  
Phone: (405) 744-6604  
Web: [financialaid.okstate.edu](http://financialaid.okstate.edu)