



**2007-2008  
Dependent Student Federal Benefit  
Program Participation**

**DFB08**

**OSU CWID (8-digits) or SSN (9 digits)  
(No Spaces)**

**Student Name:**

--	--	--	--	--	--	--	--	--	--

The OSU Office of Scholarships and Financial Aid must, by federal regulations, verify the information reported on your 2007-2008 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 Student Aid Report from the FAFSA processor.

**In 2006, did you (the student), your parent(s), or anyone in your parent(s)' household receive benefits from any of the federal benefit programs listed below?** Report benefits received for all of your parent(s)' household members. Include in your parent(s)' household:

- 1) your parent(s) and yourself, even if you don't live with your parent(s);
- 2) your parent(s)' other children if (a) your parent(s) will provide more than half of their support from July 1, 2007, through June 30, 2008, 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 your parent(s), your parent(s) provide more than half of their support, and your parent(s) will continue to provide more than half of their support from July 1, 2007, through June 30, 2008.

<b>Federal Benefit Program</b>	<b>Received Benefits in Calendar Year 2006?</b>	
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food Stamps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Free or Reduced Price School 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:**

By signing this form, I (we) 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.**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent Who Signed Above**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

**Please return to:**

Office of Scholarships and Financial Aid  
119 Student Union  
Stillwater, OK 74078-5061  
Email: [finaid@okstate.edu](mailto:finaid@okstate.edu)  
Phone: (405) 744-6604  
[www.okstate.edu/finaid](http://www.okstate.edu/finaid)  
**FAX#: (405) 744-6438**  
(If you fax this form, please don't mail it)