



**2008-09
Dependent Student Federal Benefit
Program Participation**

DFB09

Please Use Black or Blue Ink

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 2008-2009 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 2007, 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, 2008, through June 30, 2009, 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, 2008, through June 30, 2009.

Federal Benefit Program	Received Benefits in Calendar Year 2007?	
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
Phone: (405) 744-6604
www.okstate.edu/finaid
FAX#: (405) 744-6438
(If you fax this form, please don't mail it)