

**Community College Enrollment Verification Form  
for Supplemental Nutrition Assistance Program Benefits – SNAP**

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

School Name: \_\_\_\_\_

*Please complete all applicable sections:*

<p><b>1. Enrollment Status:</b>    <input type="checkbox"/> Full-time    <input type="checkbox"/> Half-time    <input type="checkbox"/> Less than half-time    <input type="checkbox"/> not enrolled</p> <p style="padding-left: 40px;"><b>Degree:</b>    <input type="checkbox"/> 1 year certificate,    <input type="checkbox"/> Associates Degree    <input type="checkbox"/> Bachelor Degree                   <input type="checkbox"/> Other _____ (specify)</p> <p><b>2. Student's Course of Study or Major:</b> _____</p> <p style="padding-left: 40px;">The above student's program/course of study/major meets the definition of career and technical education under the Carl D. Perkins Career and Technical Education Improvement Act of 2006 (Perkins IV)* program, and/or is considered by this college to be a course of study that will lead to employment.</p> <p style="padding-left: 40px;">Please indicate:    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">* A career and technical education program as defined under Appendix A of the Perkins IV Manual posted at <a href="http://www.doe.mass.edu/cte/perkins/">http://www.doe.mass.edu/cte/perkins/</a></p> <p><b>3. Student Participation in Work Study**</b></p> <p style="padding-left: 40px;">The above student is currently or will be participating in a federal or state work study program.</p> <p style="padding-left: 40px;">Please indicate:    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">** Students may qualify for SNAP benefits, regardless of course of study, if the student is participating in or has been approved and anticipates participating in a federal or state-funded work study program.</p>
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\_\_\_\_\_  
Signature of Community College Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

*This form must be accompanied by a proof of enrollment, transcript, or a list of registered courses.*