

LAMAR STATE COLLEGE – PORT ARTHUR FINANCIAL AID
SIGNED SELF – CERTIFICATION STATEMENT 2011-2012

Federal Benefits Received for Student/Spouse and/or Parent/Step-Parent

Student's Name: _____

LSCPA Student ID: _____

Note: Please complete the applicable information. If the student is Dependent according to FAFSA and both the Student and Parent/Step-Parent received Federal Benefits, then both will be required to complete this form.

I, _____, verify the following: I and/or my spouse received benefits from the following
(Student)
federal benefit programs in the year of 2010.

Please Circle the Applicable Answer

Food Stamps	YES	NO
Free or Reduced Price Lunch for my child	YES	NO
WIC	YES	NO

Signature of Student

Date

I, _____, verify the following: I and/or my spouse received benefits from the following
(Parent)
federal benefit programs in the year of 2010.

Please Circle the Applicable Answer

Food Stamps	YES	NO
Free or Reduced Price Lunch for my child	YES	NO
WIC	YES	NO

Signature of Parent

Date