

**WINTHROP UNIVERSITY
OFFICE OF FINANCIAL AID**

**Federal Benefits Received
2024-2025**

Your Free Application for Federal Student Aid (FAFSA) needs to be updated and cannot be processed further until you complete this form and submit it to the Office of Financial Aid.

DEADLINES – Please visit www.winthrop.edu/finaid/verification/ for processing deadlines

Student’s Name _____ **Winthrop ID Number** _____

At any time during 2022 or 2023, did you, or anyone in your immediate family (that you included in your FAFSA family size) receive benefits from any of the following federal programs?

- | | | |
|---|---------|--------|
| Earned income credit | ___ Yes | ___ No |
| Federal housing assistance | ___ Yes | ___ No |
| Free or reduced-price school lunch | ___ Yes | ___ No |
| Medicaid | ___ Yes | ___ No |
| Refundable credit for coverage under a qualified health plan (QHP) | ___ Yes | ___ No |
| Supplemental Nutrition Assistance Program (SNAP) | ___ Yes | ___ No |
| Supplement Security Income (SSI) | ___ Yes | ___ No |
| Temporary Assistance for Needy Families (TANF) | ___ Yes | ___ No |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ___ Yes | ___ No |
| None of these apply | ___ Yes | |

By signing this worksheet, I certify that all of the information reported to qualify for Federal student aid is complete and correct.

Student’s Signature

Date