

FINANCIAL AID OFFICE

500 East College Street Marshall, MO 65340 (660) 831-4049 | Fax: (660) 831-4003 financialaid@moval.edu

2019-2020 STATEMENT OF EDUCATIONAL PURPOSE

Last Name	First Name	M.I.	Social Security Number

Date-of-Birth

(____)____ Phone Number

Student ID Number

STATEMENT OF EDUCATIONAL PURPOSE

If the student is unable to appear in person at <u>Missouri Valley College</u> to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I	am the individual signing this Stater ial assistance I may receive will only be use	
purposes and to pay the cost of attending _		for 2019-2020.
	(Name of Postsecondary Educational Institution)	I
Student Signature	Date	Student ID Number

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

State of			
City/County of			
On	_ , before me,		
(Date)		(Notary's name)
personally appeared,			, and provided to me
		me of signer)	· •
on basis of satisfactory evi	dence of identification		
-		(Type of governme	ent-issued photo ID provided)
to be the above-named pe	rson who signed the fo	pregoing instrument.	
	C	0 0	
WITNESS my hand and of	ficial soal		
	licial seal		
		Notary Seal:	
Notary Signature			
Date My	commission expires on		