

## **FINANCIAL AID OFFICE**

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

## 2021-2022 STATEMENT OF EDUCATIONAL PURPOSE

Last I	Name		First Name			M.I.	
 Date-	/ of-Birth	<u>/</u>	Phone Number		-	Student ID Number	
			STATEMENT	OF EDUCAT	IONAL PURP	OSE	
		tudent is unable to appearovide:	ar in person at	Missouri Valle	ey College t	o verify his or her identity, the	student
(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 appears on a separate page than the Statement of Educational Purpose, there must be a clear indices Statement of Educational Purpose was the document notarized.						•	
			STATEMEN	ONAL PURPOS	E		
		I certify that I am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending for 2021-2022.					
		(Name of Postsecondary Educational Institution)					
		Student Signature			ate	Student ID Number	
		NOTAI	RY'S CERTIFIC	CATE OF AC	KNOWLEDGE	MENT	
		State of City/County of On					,
		personally appeared, _		Printed name of signer)	(Notary's name)	, and provided to me	
		on basis of satisfactory evidence of identification					
		WITNESS my hand and official seal					
		Notary Signature			out, out.		
		Date	My commission expires on				