

FINANCIAL AID OFFICE

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

2020-2021 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 Staten ial assistance I may receive will only be use	
purposes and to pay the cost of attending _		for 2020-2021.
	(Name of Postsecondary Educational Institution)	
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
	(Printed nar	me of signer)	
on basis of satisfacto	bry evidence of identification		
		(Type of governme	nt-issued photo ID provided)
to be the above-nam	ed person who signed the fo	pregoing instrument.	
	1 0	0 0	
WITNESS my hand a	and official seal		
		Notary Seal:	
Notary Signature			
Date	My commission expires on		