

# 2024-2025 Identity and Statement of Educational Purpose



## Office of Scholarships and Financial Assistance

800 University Drive Office: 660-562-1363  
Maryville, MO 64468 Fax: 660-562-1674  
[finaid@nwmissouri.edu](mailto:finaid@nwmissouri.edu) Toll Free: 800-633-1175

### Student information

\_\_\_\_\_  
Last name First name Middle initial Northwest 919 number

To verify your identity, you must provide the following Statement of Educational Purpose signed and stamped by a qualified Notary. This form must be completed and signed in the presence of a Notary.

### Statement of Educational Purpose

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 Northwest Missouri State University for 2024-2025.  
(print student's name)

\_\_\_\_\_  
Student's Signature Date

You must have this form notarized and it must be submitted in person to the Office of Financial Assistance, along with a copy of a valid government issued photo identification. This form cannot be scanned and emailed or faxed. Acceptable photo identity includes, but is not limited to a state issued driver's license, non-driver's state issued photo ID, military photo identification or passport.

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### Notary's Certificate of Acknowledgement

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's name)

personally appeared, \_\_\_\_\_, and provide to me on basis of  
(Printed name of signer)

satisfactory evidence of identification \_\_\_\_\_  
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**  
(seal)

\_\_\_\_\_  
(Notary Signature)

My commission expires on \_\_\_\_\_  
(Date)

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### Office Use Only

Approved  Denied \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name Title