Office of Financial Aid & Scholarships
Statement of Educational Purpose

Student name (Last name, First name)	
A-State ID number	Cell phone number

▶ Identity and Statement of Educational Purpose

This original form must be mailed if the student is unable to appear in person.
Mail: **Office of Financial Aid and Scholarships**
P.O. Box 1620 State University, AR 72467

Statement of Educational Purpose Signature - To be completed by student in presence of school official OR notary public.

The student must sign, in the presence of the institutional official **OR** notary public, the following:

I certify that I, _____, am the individual signing this Statement of Educational Purpose and that the
(Print student's name)
federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Arkansas State University for the 20_____–20_____ academic year.

X_____ _____
Student Signature* **Date**

This must be signed in the presence of an official from the Office of Financial Aid **OR notary public.*

School Official Certificate of Acknowledgement (required when student appears in person) - To be completed by school.

I, _____, authorize that the above named student appeared in person on the stated date below and
(**A-State Financial Aid Representative**)
that all documentation has been provided.

❑ Copy of valid government identification provided (required)

X_____ _____
A-State Financial Aid Representative Signature **Date**

Notary's Certificate of Acknowledgement (required when student is unable to appear in person) - To be completed by notary.

State of _____

city/county of _____ on _____,
(Date)

before me _____ Personally appeared, _____,
(Notary's Name) (Printed name of signer)

and provided to me on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID provided)

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

[Notary Seal]

Notary Signature: _____

My Commission Expires on: _____