

# FINANCIAL AID FORM STATEMENT OF EDUCATIONAL PURPOSE V4 2023-2024

Your FAFSA application was selected for review by the US Department of Education in a process called *Verification*. In this process, the Office of Financial Aid will compare information from your FAFSA with your 2021 IRS tax information. Due to Federal Aid regulations, NNU is required to collect this information before awarding Federal Aid. If there is a difference between your FAFSA and information on any of your verification documents, the university will make the correction electronically.

Complete this verification form and submit it to your financial aid administrator as soon as possible. The Office of Financial Aid cannot fully process your financial aid without this information.

Dependent Student In	formation					
Last Name	First Name	MI	Phone Numbe	er	SSN	
Street Address				City	State	Zip
Date of Birth	Student ID #		Email Address	3		
ign the Worksheet	parental information	on on the FAFS.	A.	required to pr	considered independer	tion on the FAFSA.
We affirm that the information or rect. I/We understand the payment of financial aid. Indicate.	nat any false state	ments or miss	representatio	ns will be cause	for denial, reduction	, cancellation, or
tudent Signature:					Date:	
arent Signature:					Date:	

Continue to next page to complete Statement of Educational Purpose.



## STATEMENT OF EDUCATIONAL PURPOSE V4

#### Please read the following section carefully.

Option 1 should be completed if you are able to appear in person at the NNU Financial Aid Office.

Option 2 should be completed if you are <u>NOT ABLE</u> to appear in person. The completion of this option must be witnessed by a notary.

**Option 1** – If the student is able to **appear in person** at NNU to verify his or her identity:

### **Identity and Statement of Educational Purpose**

(if ABLE TO APPEAR in person – to be signed in the presence of INSTITUTION OFFICIAL)

The student must provide:

- a) A copy of the valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport.
- b) The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID.

The student must sign, <b>in the presence of the</b> provided below.	institutional official, the Statement of Educational Purpose
Educational Purpose and that the Federal s	am the individual signing this Statement of student financial assistance I may receive will only be used for stending Northwest Nazarene University for 2023-2024.
Student Signature:	Date:
Student ID:	
Name of Institutional Official:	Date:
Stop here if v	ou were able to sign in person
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## STATEMENT OF EDUCATIONAL PURPOSE V4

**Option 2** – Complete Option 2 if the student is **unable to appear in person** at NNU to verify his or her identity:

### **Identity and Statement of Educational Purpose**

(if UNABLE to appear in person – to be signed in the presence of a notary)

The student must provide:

- a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below or that is presented to a notary, 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, <u>must be notarized</u>. 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.

I certify that I	I certify that I am the individual signing this Statement of Educat					
Purpose and that the Federa	al student financial assistan	ce I may receive will	only be used for educ	ational purposes and		
to pay the cost of attending	Northwest Nazarene Univer	rsity for 2023-2024.				
			_			
Student Signature:			Date:			
Student ID:						
		=				
	Notary's Certificate	of Acknowledgem	ent			
State of	City/County of		on	before me		
State of		City/County	Da			
	personally appeared,		int Student's Name	and		
Notary's Name		Pri				
provided to me basis of satisfactory	evidence of identification			to be the		
,	_	Type of governm	ent-issued photo ID provided			
above-named person who signed for	regoing instrument.					
WITNESS my hand and official seal						
Seal						
My commission expires on						
	Date					