

2023 - 2024

STATEMENT OF EDUCATIONAL PURPOSE

1600 South College Street, Mountain Home, AR 72653 • Phone: 870-508-6100 • Fax 870-508-6286



Student's Last Name	Student's First Name	Middle Initial	Banner ID Number:
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The student must complete and provide the following:

1. A copy of a valid government-issued photo identification (ID), such as a driver's license, other state-issued ID, or passport.
2. Sign the Statement of Educational Purpose below in the presence of:
 - (1) An official from the Office of Scholarships & Financial Aid
 - (2) **OR** A notary public if the student is unable to appear in person.

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-Mountain Home for the 2023–2024 academic year.

X

Student Signature*

Date

**This must be signed in the presence of an official from the Office of Scholarships and 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
(Print School Official's Name)
 and that all documentation has been provided. ☐ Copy of valid government identification provided (required)

X

School Official 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.

[seal]

Notary Signature: _____

My Commission Expires on: _____

This original form MUST be mailed if the student is unable to appear in person. Copies and faxes are NOT acceptable.