Office of Scholarships and Financial Aid

2024 - 2025





Middle Initial

Banner ID Number:

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

Student's First Name

Student's Last Name

2. Sign the Statement of Educational(1) An official from the Office	ned photo identification (ID), such as a driver's lice	ense, other state-issued ID, or passport.
Statement of Educational Purpose Signa	ature - To be completed by student in presence	of school official <u>OR</u> notary public.
The student must sign, in the presence of th	e institutional official <u>OR</u> notary public, the follow	wing:
I certify that I,(Print student's name	, am the individual signing this Statement of Educational Purpose and that the	
federal student financial assistance I m	ay receive will only be used for educational purpo Iome for the 2024–2025 academic year.	
X Student Signature*		
*This must be signed in the presence of an	official from the Office of Scholarships and Financ	ial Aid OR notary public.
(Print School Official's Name) and that all documentation has been provided in the control of t	X School Official Signature ent (required when student is unable to appear in p	
city/county of	on	(Date)
before me	Personally appeared,	,·
and provided to me on basis of satisfactory to be the above named person who signed the	evidence of identification(Type of government-issued pho	
[seal]	٦	
	Notary Signature:	
	My Commission Expires on:	