

Statement of Educational Purpose 2019-20

Student Name:		Student Number:
Student Email Address:		Student Daytime Phone Number:
Identity and Statement of Educational	Purpose (To Be Signe	ed at Snow College)
Use this page if you are going to submit t If you can't submit this form in	-	
The student must appear in person at Snow College to photo identification (ID), such as, but not limited to, a maintain a copy of the student's photo ID that is anno institution authorized to collect the student's ID.	driver's license, other state-iss	ued ID, or passport. The institution will
In addition, the student must sign, in the presence of of Educational Purpose	the institutional official, the follo	wing: Statement
I certify that I(Print Student's Name)	am the individual signing t	his
Statement of Educational Purpose and that the federal educational purposes and to pay the cost of attending		may receive will only be used for
(Student's Signature) Signature must be handwritten	(Date)	
(Student's ID Number)		
(Institutional official Signature)	(Date)	

This form must be delivered in person to Snow College

Snow College Financial Aid Office 150 East College Avenue Ephraim UT 84627



Statement of Educational Purpose 2019-20

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Student Name:		Student N	Number:
		Student E	Daytime Phone Number:
Identity and Statement of Education	onal Purpose (T	o Be Signed Wi	th Notary)
 This page is not required if yo financial aid office. Only use this page if you sign it to the address below. 			•
If the student is unable to appear in person at S	Snow College to verify I	his or her identity, the s	student must provide:
(a) A copy of the valid government-issued phot such as but not limited to a driver's license, The original notarized Statement of Educations	other state-issued ID,	or passport; and	ne notary statement below,
Statement of Educational Purpose			
I certify that I(Print Student's Name	am the indivi	idual signing this	
(Print Student's Name Statement of Educational Purpose and that the educational purposes and to pay the cost of att	federal student financi	ial assistance I may red	ceive will only be used for
(Student's ID Signature)	(Date)	(Students ID Numb	per)
Notary's Certifica	te of Acknowledg	ement	
State ofCity/County	of		
On, before me,			
(Date)	(Notary's name)	and provided	to me on basis of
Personally appeared,(Printed name	of signer)	, and provided to the off basis of	
actiofactomy avidance of identification			
satisfactory evidence of identification(Type	e of government-issued	I photo ID provided)	
to be the above-named person who signed the	· ·	, , , , , , , , , , , , , , , , , , , ,	
WITNESS my hand and official seal			
WITNESS my hand and official seal	(Seal)		
(Notary signature) My commission expires on _			

This form cannot be faxed or emailed. Please mail this form to

(Date)

Snow College Financial Aid Office 150 East College Avenue Ephraim UT 84627