

Statement of Educational Purpose 2022-23

| Student Name: | | Student Number: | | | |
|--|--------------------------------------|---|--|--|--|
| | | | | | |
| Student Email Address: | | Student Daytime Phone Number: | | | |
| Identity and Statement of Educational I | Purpose (To Be Signe | ed at Snow College) | | | |
| Use this page if you are going to submit the first of the | - | | | | |
| The student must appear in person at Snow College to photo identification (ID), such as, but not limited to, a comaintain a copy of the student's photo ID that is annot institution authorized to collect the student's ID. | lriver's license, other state-iss | ued ID, or passport. The institution will | | | |
| In addition, the student must sign, in the presence of the of Educational Purpose | ne institutional official, the follo | wing: Statement | | | |
| certify that I am the individual signing this (Print Student's Name) | | | | | |
| 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



Statement of Educational Purpose 2022-23

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|-----------------------------|---|-------------------|---------------------|--|
| Student Name: | | | | Student Number: |
| | | | | |
| | | | | Student Daytime Phone Number: |
| Identity and State | ment of Educational | Purpose (1 | Го Be Signe | d With Notary) |
| financial aid | page if you sign this | | | person at your local notary public and will ma |
| If the student is unable to | appear in person at Snow (| College to verify | his or her identity | v, the student must provide: |
| such as but not limited | vernment-issued photo iden d to a driver's license, other atement of Educational Purp | state-issued ID | , or passport; and | ed in the notary statement below, |
| Statement of Educational | Purpose | | | |
| Statement of Educational | | al student finan | cial assistance I m | nay receive will only be used for |
| educational purposes and | d to pay the cost of attending | g Snow College | e for 2022-2023. | |
| (Student's ID Signature) | | (Date) | (Students ID | Number) |
| ı | Notary's Certificate of | Acknowled | gement | |
| State of | City/County of | | | |
| On | , before me,(Nota | | | |
| (Date) | (Nota | ry's name) | | |
| Personally appeared, | (Printed name of sign | ner) | , and pro | ovided to me on basis of |
| | | | | |
| satisfactory evidence of ic | dentification | | | |
| to be the above-named p | (Type of go) erson who signed the forego | | ed photo ID provide | ed) |
| WITNESS my hand and | official seal | | | |
| (Notary signature) My cor | mminaian avaires er | (Seal) | | |
| TOTAL SIGNATURALISM COL | mmssion 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