## 2023-2024 Identity and Statement of Educational Purpose



## Office of Scholarships and Financial Assistance

800 University Drive Maryville, MO 64468 finaid@nwmissouri.edu Office: 660-562-1363 Fax: 660-562-1674 Toll Free: 800-633-1175

## **Student information**

<del></del>			N. II. 1040
Last name	First name	Middle initial	Northwest 919 number
		ollowing Statement of Educati pleted and signed in the prese	onal Purpose signed and stamped ence of a Notary.
		t of Educational Purpo	
I certify that I		am the individual sig	ning this Statement of Educational
	federal student financia	I assistance I may receive will rthwest Missouri State Univers	only be used for educational
Student's Signature		Date	
along with a copy of a or faxed. Acceptable	a valid government issue	ed photo identification. This fo but is not limited to a state iss	e Office of Financial Assistance, orm cannot be scanned and emailed sued driver's license, non-driver's
Notary's Certificat	e of Acknowledgeme	ent	
State of			
City/County of			
On	, before me ,	(Notary's name)	
(Date)			
personally appeared	, <u> </u>		, and provide to me on basis o
satisfactory evidence	e of identification	(Type of government-issued pho	to ID provided)
to be the above-name	ed person who signed th		.o ib provided)
WITNESS my hand	and official seal		
(seal)			(Notary Signature)
		My commission expires	
			(Date)
Office Use Only			
Approved	Denied		
	Signature		Date
Printed Name		Title	<del></del>