Identity and Statement of Educational Purpose
(To Be Completed & Signed at the Office of Financial Assistance)

Please Return To:
Office of Financial Assistance
Villanova University • 800 Lancaster Avenue • Villanova, PA 19085-1685
Phone (610) 519-4010    Fax: (610) 519-7599
E-mail: finaid.award@villanova.edu     Website: www.finaid.villanova.edu

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (must sign & submit documents in person)

Identity

You must appear in person at VILLANOVA UNIVERSITY to verify your identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. The institution will maintain a copy of your photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect your ID.

___________________________________
Document Submitted

___________________________________
Date Received

STATEMENT OF EDUCATIONAL PURPOSE (must be signed in front of a financial aid representative)

I certify that I, ___________________________________, am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending VILLANOVA UNIVERSITY for 2017-2018.

___________________________________
(Student Signature)

___________________________________
(Date)

___________________________________
(Villanova University Student ID Number)

TO BE COMPLETED BY FINANCIAL AID ADMINISTRATOR

ID Type: __________________________________________

ID Number: ________________________________Expiration Date: __________

OFA Name: ________________________________

OFA Title: ________________________________

OFA Signature: ________________________________Date: __________
