

Identity and Statement of Educational Purpose

(This form is to be completed **ONLY** if you are unable to appear in person at Villanova University)

Please Complete and Return To:

Office of Financial Assistance Dropbox

https://www1.villanova.edu/content/university/office-of-financial-assistance/dropboxand-important-forms.html

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

(To be signed in front of a Notary if unable to appear in person at Villanova University AND a copy of the photo identification must be attached)

Identity

If the student is unable to appear in person at **VILLANOVA UNIVERSITY** to verify his or her identity, the student must provide: (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, non-driver's identification card, state-issued ID, or U.S. passport; and (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I, _____

_____, am the individual signing this Statement of

(Printed Name of Student)

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 2024-2025.

(Student Signature)

(Date)

(Villanova University Student ID Number)

Notary's Certificate of Acknowledgement

State of	City/Council of	
On(date), befor	ore me,(Notary Name), per	sonally
appeared,	(Printed Name of Signer), and proved to	o me on
the basis of satisfactory evidence of ide	lentification	(Type
of unexpired government-issued photo	p ID provided) to be the above-named person who signed t	the
foregoing instrument.		
WITNESS my hand and official seal:	:(Notary Signature)	
	My commission expires on	(Date)
OFA Name:		
OFA Signature:	Date:	