



VILLANOVA UNIVERSITY

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 This Original Form, with a Wet Signature To:

Office of Financial Assistance
Villanova University
Technology Services Building
800 Lancaster Avenue
Villanova, PA 19085

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). This original form, with your wet signature, must be mailed to or dropped off at our office.

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 with the wet signatures and the notary's seal.

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 2025-2026.

(Student Signature)

(Date)

(Villanova University Student ID Number)

Notary's Certificate of Acknowledgement

State of _____ City/Council of _____

On _____ (date), before me, _____ (Notary Name), personally appeared, _____ (Printed Name of Signer), and proved to me on the basis of satisfactory evidence of identification _____ (Type of unexpired government-issued photo ID provided) to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal: _____ (Notary Signature)

My commission expires on _____ (Date)

OFA Name: _____

OFA Signature: _____

Date: _____