

Statement of Educational Purpose 2024-25

Student Name:		Student Number:			
Student Email Address:		Student Daytime Phone Number:			
Identity and Statement of Educational F	Purpose (To Be Signe	d at Snow College)			
Use this page if you are going to submit the If you can't submit this form in p					
The student must appear in person at Snow College to photo identification (ID), such as, but not limited to, a d maintain a copy of the student's photo ID that is annotainstitution authorized to collect the student's ID.	river's license, other state-issu	ed 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 statements.		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

Snow College Financial Aid Office 150 East College Avenue Ephraim UT 84627



S SNOW COLLEGE S	tatement of	Educatio	onal Pur	pose 2024-25
Student Name:				Student Number:
				Student Daytime Phone Number:
Identity and Statem	ent of Educationa	l Purpose (T	o Be Signe	d With Notary)
financial aid of	fice.			person at your local notary public and will mail
it to the addres	•	ioiiii iii tiie p	reserice or a	notary public and win man
If the student is unable to a	ppear in person at Snow	College to verify	his or her identit	y, the student must provide:
	o a driver's license, other	r state-issued ID,	or passport; and	ed in the notary statement below,
Statement of Educational P	urpose			
I certify that I		am the indiv	idual signing this	3
•	-			may receive will only be used for
(Student's ID Signature)		(Date)	(Students ID	Number)
No	otary's Certificate o	f Acknowledg	jement	
State of	City/County of			
On	before me,			
On(Date)	(Not	ary's name)		
Personally appeared,		 	, and pro	ovided to me on basis of
	(Printed name of sig	gner)		
satisfactory evidence of ide	ntification			
Satisfactory evidence of ide	(Type of go	overnment-issued	hoto ID provid	led)
to be the above-named per			. ро.о .2 р. от.а	,
WITNESS my hand and o	fficial seal			
		(Seal)		
(Notary signature) My comr	mission 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