

Financial Aid Office

Call/Text: 503-554-2302 |Turn in; 414 N. Meridian St. #6068, Newberg, OR 97132 Fax: 503-554-3110 | Email: <u>fa@georgefox.edu</u> | Upload at fa.georgefox.edu

2024-25 Academic Year

Identity & Statement of Educational Purpose Worksheet

Student's Name	GFU ID Number
Email	Phone Number
 Upon appearance, I will provide an original valid government issued photo license, non-driver's license, military ID, or passport 	identification, including but not limited to a driver's

I certify that I

_____am the individual signing this

Print Student Name

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 attendance at **George Fox University** for 2023-2024.

> **Student Signature** *Must be handwritten*

Date

On ______, _____personally appeared and provided to me on basis of satisfactory evidence of

identification ______to be the above-named person who signed the foregoing instrument. (Type of government-issued photo ID provided)

Counselor Signature

Counselor Printed Name