

Financial Aid Office

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

2024-25 Academic Year

Identity & Statement of Educational Purpose Worksheet

Student's Name	GFU ID Number
Email	Phone
	Number
The Student MUST comple	ete BOTH of the following:
Submit by mail, or have attached a copy of a valid government	-
driver's license, non-driver's license, military ID, or passport;	and the second s
AND	
Submit by mail (do NOT fax or email), an original notarized St	atement of Educational Purpose certifying the federal financial
	y the cost of attending George Fox University for the 2024-2025
academic year.	
I certify that I	am the individual signing this
Print Student Name	ann the marviadal signing this
Statement of Educational Purpose and that the	federal student financial assistance
I may receive will only be used for educational	
attendance at George Fox University for 2023-	• •
Student Signature	Date
Must be handwritten	
Notary's Certificate of	Acknowledgement
Notary 3 Certificate of	Acknowledgement
State of	
State of	
City/County of	
	personally
appeared and	(Printed name of signer)
provided to me on basis of satisfactory evidence of identification	(Frincea name of signer)
	(Type of government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument.	
WITNESS my hand and official seal	
	Notary Signature
(1)	
(seal)	N
	Notary Printed Name
М	y commission expires: , 20