

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

2025-26 Academic Year

	Student's Name	GFU ID Number			
	Email	Phone Number			
	The Student MUST co	mplete BOTH of the following:			
• Upo		ent issued photo identification, including but not limited to a driver's			
-	ense, non-driver's license, military ID, or passport	, ,			
	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 2025-2026.				
	Student Signature Must be handwritten	Date			
	personally appeared and provided to me on basis of satisfactory evidence ofto be the above-named person who signed the foregoing instrument.				
(Type of government-issued photo ID provided)	Counselor Signature			

Counselor