



2024-25 STATEMENT OF PURPOSE

Your application was selected for review in a process called "Verification.". The law requires completion of Verification before awarding and/or disbursing federal aid. Contact the Marywood Financial Aid Office at (570) 348-6225 if you have questions. You may also email us at finaid@marywood.edu.

Student's Information

Student's Last Name

First Name

Student's Identification (ID) Number

Student's Street Address (include apt. no.)

Student's Date of Birth

City

State

Zip Code

Student's Email Address

Student's Home Phone Number (include area code)

Student's Cell Phone Number

Identity and Statement of Educational Purpose

Signed at the Institution

The student must appear in person at _____ to
(Name of Postsecondary Educational Institution)

verify his or her identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

Marywood University, Financial Aid Office, 2300 Adams Ave., Scranton, PA 18508, (570) 348-6225, Fax: (570) 961-4589 Email: finaid@marywood.edu

If you are unable to appear in person at Marywood University to verify your identity, you must provide:

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and
(Print Student's Name)

that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of
attending _____ for 2024-2025.
(Name of Postsecondary Educational Institution)

(Student's Signature) (Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,
(Date) (Notary's name)

personally appeared, _____, and provided to me
(Printed name of signer)

on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(Seal)

(Notary signature)

My commission expires on _____
(Date)

Certification and Signatures

Each person signing certifies that all the information reported is complete and correct		Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.
_____ Student's Signature	_____ Date	
_____ Parent's Signature	_____ Date	