

A. Student Information

Last Name First Name Date of Birth Capital Student ID

Preferred Phone Number Home Phone Number

B. Identity and Statement of Purpose

The student must provide the following to verify their identity either in person to Capital University's Financial Aid Office or in the presence of a notary:

- (a) **A copy of an unexpired valid government-issued photo identification (ID)** that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport;

AND

- (b) The **original notarized** Statement of Educational Purpose below, *if completed in the presence of a notary*, or the Statement of Educational Purpose completed in person to Capital University's Financial Aid Office

Statement of Educational Purpose

(Statement must be completed in the presence of a Notary or in person to Capital University's Financial Aid Office)

I certify that I _____ am the individual signing this Statement of Educational Purpose and that the
(Print Student's Name)
federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending
Capital University for 2024-2025.

(Student's signature)

(Date)

(Student's ID number)

Notary's Certificate of Acknowledgement ***

State of _____ City/County of _____ on _____ (date), before me,

_____, personally appeared, _____, and proved to me

(Notary's printed name)

(Printed name of signer)

because of satisfactory evidence of identification _____ to be the above-named
(Type of unexpired government-issued photo ID provided)
person who signed the foregoing instrument.

WITNESS my hand and official seal

(Notary signature)

My Commission expires on _____ (Date)

***** If Statement of Purpose has been notarized, you must provide the original form. A faxed or emailed copy will NOT be accepted.**

C. Certification and Signatures

By signing this worksheet, I certify that all the information reported is complete and correct. I agree, if asked, to provide documentation that will verify the accuracy of the information provided on this completed form.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature

Date

Parent Signature (optional)

Date

Return this worksheet, and other documents to:

Capital University, Financial Aid Office

1 College and Main, Columbus, Ohio 43209