



# FINANCIAL AID OFFICE

2500 S. Main, Hope, AR 71802 | (870) 722-8264 | Fax: (870) 722-8145 | www.uaht.edu

## Identity and Statement of Educational Purpose

**\*\*If unable to sign in the UAHT Financial Aid Office, form is to be signed in the presence of a Notary.\*\***

If the student is unable to appear in person at University of Arkansas Community College at Hope-Texarkana to verify his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of  
(Print Student's Name)

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 attending **University of Arkansas Community College at Hope-Texarkana**.

_____	_____	_____
(Student's Signature)	(Student's ID Number)	(Date)
_____	_____	_____
(UAHT's Financial Aid Officer)	(Title)	(Date)

### Notary's Certificate of Acknowledgement

*Please note that the Photo ID must also be notarized in order for this form to be accepted.*

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared,  
(Date) (Notary's name)

\_\_\_\_\_, and proved to me on the basis of satisfactory evidence of  
(Printed name of signer)

identification \_\_\_\_\_ to be the above-named person who signed  
(Type of unexpired government-issued photo ID provided)

the foregoing instrument.

WITNESS my hand and official seal  
(seal)

\_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_  
(Date)