

FINANCIAL AID OFFICE

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

2022-2023 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 Purpo	ose	
I certify that I	am the individual signing this Statement of		
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•	ral student financial assistance I may rec	•	
	ing University of Arkansas Community C	College at Hope-Texarkana for 2022–	
2023.			
/Ct. do at/ Circoture)	(Charles the ID Name have)	(D-t-)	
(Student's Signature)	(Student's ID Number)	(Date)	
(UAHT's Financial Aid Officer)	 (Title)	 (Date)	
	` ,	(Bate)	
	Notary's Certificate of Acknowledgeme	•nt	
	Trotary 5 certificate of Acknowledgeme		
Please note that the Photo ID must also	b be notarized in order for this form to be	accepted.	
State of	City/County of		
State of	City/County oi		
On, before m	(Notary's name)	, personally appeared,	
(Date)	(Notary's name)		
	$\underline{\hspace{1cm}}$, and proved to me on the b	pasis of satisfactory evidence of	
(Printed name of signer)			
identification	to be	e the above-named person who signed	
(Type of unexpired go	overnment-issued photo ID provided)		
the foregoing instrument.			
5 5			
WITNESS my hand and official seal			
(seal)	(Notar	(Notary signature)	
	My commission expires	s on	
		(Date)	