UofA HOPE • TEXARKANA
A University of Arkansas System College

FINANCIAL AID OFFICE

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

2021-2022
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 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 Hope/Texarkana** for 2021–2022.

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

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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)