



Financial Aid Office 2024-2025 Statement of Educational Purpose

Student name	Student ID #
Student cell phone number	Student SSN

► Identity and Statement of Educational Purpose

This original form must be mailed if the student is unable to appear in person.

Mail: Financial Aid Office
1000 W. Iowa Street Beebe, AR 72012

Statement of Educational Purpose Signature - To be completed by student in presence of school official OR notary public.

The student must sign, in the presence of the institutional official OR notary public, the following:

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
ASU - Beebe for the 2024-2025 academic year.

X _____

Student Signature*

Date

*This must be signed in the presence of an official from the Financial Aid Office OR notary public.

School Official Certificate of Acknowledgement (required when student appears in person) - To be completed by school.

I, _____, authorize that the above named student appeared in person on the stated date below and
(ASU - Beebe Financial Aid Representative)
that all documentation has been provided.

☐ Copy of valid government identification provided (required)

X _____

ASU - Beebe Financial Aid Representative Signature Date

Notary's Certificate of Acknowledgement (required when student is unable to appear in person) - To be completed by notary.

State of _____

city/county of _____ on _____,
(Date)

before me _____ Personally appeared, _____,
(Notary's Name) (Printed name of signer)

and provided to me 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.

[Notary Seal]

Notary Signature: _____

My Commission Expires on: _____