

2025-2026 STATEMENT OF PURPOSE

Your application was selected for review in a process called "Verification.". The law requires completion of Verification before awarding and/or disbursing federal aid. Contact the Marywood Financial Aid Office at (570) 348-6225 if you have questions. You may also email us at finaid@marywood.edu.

Student's Information

Student's Last Name	First Name		Student's Identification (ID) Number
Student's Street Address (inclu	ide apt. no.)		Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Cell Phone Number

Identity and Statement of Educational Purpose

Signed at the Institution

The student must appear in person at _____

(Name of Postsecondary Educational Institution)

to

verify his or her identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

Marywood University, Financial Aid Office, 2300 Adams Ave., Scranton, PA 18508, (570) 348-6225, Fax: (570) 961-4589 Email: finaid@marywood.edu

	Statement of Educational Purpose	
I certify that I	tional Purpose and	
(Print Student's N	Name)	
that the federal student financial assista	ance I may receive will only be used for educational purposes and	to pay the cost of
attending	for 2025-2026. ne of Postsecondary Educational Institution)	
(Nam	ne of Postsecondary Educational Institution)	
(Student's Signature)	(Date)	
(Student's ID Number)		
	Notary's Certificate of Acknowledgement	
State of		
City/County of		-
On, b	efore me,	,
(Date)	(Notary's name)	
personally appeared,	, and provided to m	e
(Prin	nted name of signer)	
on basis of satisfactory evidenc	e of identification	_
	(Type of government-issued photo ID provided)	
to be the above-named person	who signed the foregoing instrument.	
WITNESS my hand and official (Seal)		
	(Notary signature)	
My commission expires on	(Date)	
Certification and Signatures		
Each person signing certifies that all the	information reported is complete and correct	Warning: If you purposely give false or misleading information
Student's Signature	Date	on this worksheet, you

Marywood University, Financial Aid Office, 2300 Adams Ave., Scranton, PA 18508, (570) 348-6225, Fax: (570) 961-4589 Email: finaid@marywood.edu

Date

Parent's Signature

may be fined, sentenced to jail, or

both.