



# WEST LIBERTY UNIVERSITY

Office of Financial Aid  
208 University Drive  
College Union Box 124  
West Liberty, WV 26074

Phone: (304) 336-8016  
finaid@westliberty.edu

## Statement of Educational Purpose



**This statement must be completed and signed in the presence of a Notary Public.  
Do Not Complete the Form in Advance.**



*If the student is unable to appear in person at West Liberty University to verify his or her identity, the student must provide:*

- a. A copy of a valid government-issue photo identification that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and*
- b. The original notarized statement of education purpose provided below.*

I certify that I \_\_\_\_\_ am the individual signing this Statement of Education Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the costs of attending West Liberty University for 2021-2022.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID Number

### To be Completed by the Notary Public:

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

On \_\_\_\_\_, before me, \_\_\_\_\_,  
Date Notary's Name

Personally appeared, \_\_\_\_\_, and provided to me on basis of  
Printed Name of Signer  
satisfactory evidence of identification \_\_\_\_\_ to be the above-named  
Type of government-issued photo ID provided  
person who signed the foregoing instrument.

### WITNESS my hand and official seal

Seal

\_\_\_\_\_  
Notary Signature

My commission expires on \_\_\_\_\_.