



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

2024-2025 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 2024-2025.

Student signature

Date

Student ID number

To be completed by the Notary Public:

State of _____ City/County of _____

on _____, before me, _____

personally appeared _____, and proved to me because of

satisfactory evidence of identification, _____, to be the above-named

person who signed the foregoing instrument.

Type of government-issued photo ID provided

WITNESS my hand and official seal

Notary signature

My commission expires on _____.