



### Statement of Educational Purpose and Identity

Your FAFSA was selected for review in a process called Verification. You must complete this process to receive federal student financial aid. **You must appear in person to complete this form.**

**What the Law Says:**

- Crown College has the right to ask you for this information before awarding federal aid.
- We must review the required information (under financial aid program rules, CFR Title 34, Part 668).

#### A. Student Information

Last Name	First Name	M.I.	(Maiden)	Social Security Number
Address (include apt. no.)				Date of Birth
City	State	Zip		Phone Number

If the student is unable to appear in person at Crown College to verify his or her identity, the student must provide both to the college:

1. A copy of the valid, unexpired government-issued photo identification (ID) 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**
2. The original Statement of Educational Purpose provided below 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.

#### C. Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and  
 (Print Student’s Name)  
 that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **Crown College** for 2025-2026.

#### D. Student Signature

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.** By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct.

Student Signature	Date	Crown College Student ID Number
-------------------	------	---------------------------------

#### E. Notary’s Certificate of Acknowledgement

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

On \_\_\_\_\_, before me, \_\_\_\_\_  
 (Date) (Notary’s name)

Personally appeared, \_\_\_\_\_, and provided to me on basis of satisfactory evidence of  
 (Printed name of signer)

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**

(seal)

\_\_\_\_\_  
 (Notary signature)  
 My commission expires on \_\_\_\_\_  
 (Date)

**MAIL this form & copy of ID:** Crown College Financial Aid Office  
 8700 College View Drive  
 St. Bonifacius, MN 55375-9001