



LIMESTONE
UNIVERSITY

Financial Aid
Office

Statement of Educational Purpose 2020 - 2021

Student's Name: _____ Student's ID Number: _____

This form must be completed and signed in the presence of either a Limestone University Financial Aid Counselor or a Notary Public. **Do NOT complete the form in advance.**

Instructions:

Either: The student must appear in person at Limestone University to verify his or her identity by presenting an unexpired 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

Or: If the student is unable to appear in person at Limestone University to verify his or her identity, the student must provide to the institution:

- A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- The original Statement of Educational Purpose provided below, which 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.

1115 College Drive, Gaffney, SC 29340-3799 • Office: 864-488-8231

financialaid@limestone.edu



I certify that I, _____ (Print Student's Name) am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Limestone University for 2020-2021.

Student's Signature: _____ Date: _____

Student's ID Number: _____

Submitted in Person To be completed by a Limestone University Financial Aid Administrator	
Signature:	
Date:	
Submitted by Mail Notary's Certificate of Acknowledgement	
State of:	Witness my hand and official seal Notary's Signature: _____ Seal: My commission expires on: _____
County of:	
On (Date):	
Before me (Notary's Name): _____	
personally appeared (Student's Name): _____	
and proved to me on the basis of satisfactory evidence of identification _____ (Type of unexpired government-issued photo ID provided) to be the above named person who signed the foregoing instrument.	