

Submit the completed form to: Norse One Stop (located in LAC, 3rd floor) OR

MAIL (Student Financial Assistance, AC 416 Nunn Drive, Highland Heights, KY 41099)

I. Student Information

Name: _____

NKU ID/SSN: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone No.: _____

II. Statement of Educational Purpose

For this section, the student must appear and complete in person at Northern Kentucky University Office of Student Financial Assistance 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.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below:

I certify that I, _____, 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 Northern Kentucky University for the 2024 - 2025 academic year.

STUDENT SIGNATURE: _____ Date _____

FINANCIAL AID ADMINISTRATOR: _____ Date _____

(Financial Aid Administrators, please attach a dated copy of the student's government-issued photo identification.)

III. Sign this Worksheet

The Law states your school must review the requested information under the financial aid program rules (*CFR Title 34, Part 668*) and make corrections if necessary. If we have reason to believe the information provided is inaccurate or needs further explanation, we may ask for additional documentation. By signing this worksheet, I/we certify that all of the information reported to qualify for federal student aid is complete and correct. The parent must also sign if the student is dependent.

WARNING: If you purposefully give misleading or false information you may be fined, sentenced to jail, or both. (Signatures must be handwritten)

STUDENT: _____ DATE: _____
(Required)

PARENT: _____ DATE: _____
(Required for dependent students)