

**A. Student Information**

Last Name	First Name	Date of Birth	Capital Student ID
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Preferred Phone Number	Home Phone Number
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**B. Identity and Statement of Purpose**

The student must provide the following to verify their identity either in person to Capital University's Financial Aid Office or in the presence of a notary:

(a) **A copy of an unexpired valid 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**

(b) The **original notarized** Statement of Educational Purpose below, *if completed in the presence of a notary*, or the Statement of Educational Purpose completed in person to Capital University's Financial Aid Office

**Statement of Educational Purpose**

(Statement must be completed in the presence of a Notary or in person to Capital University's Financial Aid Office)

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the  
(Print Student's Name)  
federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending  
**Capital University** for 2023-2024.

(Student's signature)	(Date)	(Student's ID number)
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**Notary's Certificate of Acknowledgement \*\*\***

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_ (date), before me,

\_\_\_\_\_, personally appeared, \_\_\_\_\_, and proved to me

(Notary's printed name)

(Printed name of signer)

because of satisfactory evidence of identification \_\_\_\_\_ to be the above-named  
(Type of unexpired government-issued photo ID provided)  
person who signed the foregoing instrument. **WITNESS my hand and official seal**

\_\_\_\_\_  
(Notary signature)

My Commission expires on \_\_\_\_\_ (Date)

**\*\*\* If Statement of Purpose has been notarized, you must provide the original form. A faxed or emailed copy will NOT be accepted.**

**C. Certification and Signatures**

By signing this worksheet, I certify that all the information reported is complete and correct. I agree, if asked, to provide documentation that will verify the accuracy of the information provided on this completed form.

**Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (optional)

\_\_\_\_\_  
Date

**Return this worksheet, and other documents to:**  
**Capital University, Financial Aid Office**  
**1 College and Main, Columbus, Ohio 43209**  
**Phone: 614-236-6511**

**Do not email documents with personally identifiable information.**