

Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this  
(Print Student's Name)

Statement of Educational Purpose and the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending W K H 8 Q L Y B H Q M W D R X U L for 20 -20 .

\_\_\_\_\_  
(Student's S S7 [4400560gnaturTf 0Tw [s2r11.560Sd1.104 Tf (-w [2vu2TN91.A0i52w (8T\_12 11.2\_11i7S875s2r1

State of \_\_\_\_\_

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

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

personally appeared, \_\_\_\_\_, and provided to me  
(Printed name of signer)

on basis of satisfactory evidence of identification \_\_\_\_\_  
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal  
(seal)

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

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

Instructions to student: Mail this notarized statement along with Dcopy of W K valid government-issued ID described above to 8niversity of Central Missouri 6tudentFinancial Services, P.O. Box 80, 1100 Ward Edwards Bldg Warrensburg, MO 64093