



Identity & Statement of Educational Purpose Worksheet

Financial Aid Office

Call/Text: 503-554-2302 | Turn in: 414 N. Meridian St. #6068, Newberg, OR 97132
Fax: 503-554-3110 | Email: fa@georgefox.edu | Upload at fa.georgefox.edu

2025-26 Academic Year

Student's Name GFU ID Number

[Empty box for student information]

I certify that I _____ am the individual signing this

Print Student Name

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 attendance at George Fox University for 2025-2026.

Student Signature Must be handwritten

Date

On _____ personally appeared and provided to me on basis of satisfactory evidence of identification _____ to be the above-named person who signed the foregoing instrument. (Type of government-issued photo ID provided)

Counselor Signature

Counselor

