

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

Identity & Statement of Educational Purpose Worksheet

Student's Name	GFU ID Number
	Number
Email	Phone Number
	Number
The Student MUST co	mplete BOTH of the following:
	nent issued photo identification, including but not limited to a
driver's license, non-driver's license, military ID, or passpo	ort;
ANDSubmit by mail (do NOT fax or email), an original notarize	d Statement of Educational Purpose to:
George Fox Financial Aid	d dialement of Educational Fairpool (c)
414 N. Meridian St. #6068	
Newberg, OR 97132	
Land of the Land	and the test to the state of th
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 educatio	
attendance at George Fox University for 20	25-2026.
Student Signature	Date
Must be handwritten	butc
Natow Ja Contificat	o of Asimousis decreases
Notary's Certificat	e of Acknowledgement
State of	
City/County of	
Onday of, 20	, personally
appeared and	
provided to me on basis of satisfactory evidence of identification	(Printed name of signer)
ordinated to the off basis of satisfactory evidence of identification	(Type of government-issued photo ID provided)
to be the above-named person who signed the foregoing instrum	ent.
NITNESS my hand and official seal	
	Notary Signature
	inotally signature
(seal)	
	Notary Printed Name
	My commission expires: