



Print Student Name _____
OLLU ID# _____

Financial Aid Office & Student Employment Office

2020-2021 STATEMENT OF EDUCATIONAL PURPOSE & CERTIFICATION OF IDENTIFICATION

I, the undersigned, am a student at OLLU. I am applying for financial aid and student employment. I certify that the information provided on this form is true and correct. I understand that providing false information is a violation of OLLU policies and may result in the suspension of my financial aid and student employment. I agree to provide accurate information and to update it as needed.

Signature of Student

Name of Student

Address of Student

City of Student

State of Student

Zip Code of Student

I certify that I am currently enrolled in a program of study at OLLU and that I am applying for financial aid and student employment. I understand that providing false information is a violation of OLLU policies and may result in the suspension of my financial aid and student employment. I agree to provide accurate information and to update it as needed.

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Print Name of Student

Date

Student OLLU ID #

IF SUBMITTING IN PERSON

Present this form with original _____ valid government issued photo ID

To be completed by OLLU Financial Aid Administrator

ID Type _____

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IF SUBMITTING BY MAIL

Send this form with _____ a photocopy of _____ valid government-issued photo ID to _____

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To be completed by Notary Public

State of _____ _____

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