

# 2024-2025 Educational Purpose Worksheet

## A. Student Information

_____	_____	_____	_____
First Name	M.I.	Last Name	Student ID # (DO NOT INCLUDE SSN)
_____			_____
Phone Number (include area code) or Email			Date of Birth

## B. Documentation of Identity/Statement of Educational Purpose

THIS FORM MUST BE SIGNED BY YOU IN PERSON AT THE COLLEGE. Please note due to federal regulations if you are unable to sign this form in person at the college it must be notarized. You can find a notary at most banks or credit unions.

### Statement of Education Purpose

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 educational purposes and to pay the cost of attending Iowa Western for 2024-2025.

_____	_____
Student's Signature	Date
_____	_____
College Advisor Signature	Date

----- OR -----

### Notary's Certificate of Knowledge

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_

Before me, \_\_\_\_\_ personally appeared \_\_\_\_\_

Notary's Name Printed name of signer

And provided to me 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 \_\_\_\_\_

Notary Signature Date commission expires (seal)

### REMEMBER

1. THIS ORIGINAL FORM MUST BE TURNED IN. YOU CANNOT EMAIL OR FAX THIS FORM.
2. PROVIDE A COPY OF YOUR CURRENT DRIVER'S LICENSE OR UNEXPIRED STATE/GOV PHOTO ID

Please contact the office of Financial Aid with any questions:

Iowa Western Financial Aid | Clark Hall | 2700 College Road | Council Bluffs, IA 51503  
[FinancialAid@iwcc.edu](mailto:FinancialAid@iwcc.edu) | 800.432.5852 or 712.325.3277 | Fax 712.388.6803 | [iwcc.edu](http://iwcc.edu)