

# North Arkansas College

## 2023 – 2024 Identity and Statement of Educational Purpose

Financial Aid Office \* 1515 Pioneer Drive \* Harrison, AR 72601 \* 870-391-3266 \* Fax: 870-391-3340  
financial-aid@northark.edu

Student ID Number	Last Name	First Name	Middle Initial
Social Security Number	Date of Birth	Phone Number	

**Priority submission dates:**

Fall | August 1<sup>st</sup>

Spring | December 1<sup>st</sup>

Summer | May 1<sup>st</sup>

Documentation submitted after the priority submission date(s) will be processed in the order of receipt, but it is not guaranteed to be completed by the payment due date(s). It is recommended that you contact the Student Accounts Office at 870-391-3292 or at studentaccounts@northark.edu to discuss payment options in the event that your aid is not awarded by the payment deadline.

The student must appear in person at North Arkansas College Office of Financial Aid to verify his or her identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

**The student must sign, in the presence of the institutional official, the following:**

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 North Arkansas College for 2023-2024.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

**For Office Use Only**

Student has provided valid government-issued photo identification in the form of:

(List ID document number and expiration date and **must attach photo copy**)

- ☐ driver's license \_\_\_\_\_
- ☐ other state-issued ID \_\_\_\_\_
- ☐ passport \_\_\_\_\_
- ☐ other \_\_\_\_\_

\_\_\_\_\_  
*Signature of Authorized Representative*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*