## **FINANCIAL AID OFFICE**



2100 16th Avenue South, Great Falls, MT 59405 [406] 771.4334 Fax: [406] 771.4410

www.gfcmsu.edu

## 2023-2024 Student Statement of Educational Purposes

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents, If there are differences, your FAFSA information may need to be corrected. You must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

Print your name and student ID number in ink on all documents; please do not leave any questions blank. Allow 2-4 weeks for processing after all documents are submitted. Periodically check <u>Banner Web/My Info</u> for an award letter or status update.

A. Student Information		
Name:	Student ID:	
Address:	City:	State: Zip:
Email Address:	Phone:	
3. Educational Purpose		
ou must appear in person at <b>Great Falls College</b> inancial Aid Office for further instruction.)	• MSU. (If you do not reside in Great Falls or the im	nmediate vicinity, please contact the
ssued ID, or passport. Great Falls College MSU w	rnment issued photo identification, such as, but not rill maintain a copy of the student's photo ID. of the institutional official, the following statement:	t limited to, a driver's license, other state
	Statement of Educational Purpose	
I certify that I,	(Print Student's Name)	_, am the individual signing this
	at the federal student financial assistance I may of attending Great Falls College MSU for 2023-	·
Student's Signature:	Date:	
C. Certification by Great Falls College		
Type of ID Presented:		
Expiration Date:	Certification #	
Name and Title of Great Falls Official:		
Great Falls Official Signature:	Date	ə:
FOR OFFICE USE ONLY: Date reported:		