



Financial Aid Office
9801 Frankford Ave.
Philadelphia, PA 19114
Phone: 267-341-3233
Fax: 215-599-1694
finaid@holyfamily.edu
www.holyfamily.edu/finaid

2024-2025 Identity/Statement of Educational Purpose Worksheet

Your application for financial aid was selected for review in a process called “verification.” The Financial Aid Office is required to compare your FAFSA with the information you provide on this worksheet and other financial documents. If there are differences between your application information and the documents you submit, your application may need to be corrected. If the corrections result in a change to your financial aid award, we will send you a revised offer letter within two weeks of completing the verification.

Document Received by (Holy Family Employee): _____ **Date:** _____

The student must appear in person at Holy Family University to verify his or her identity by presenting an unexpired 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 by the institution with the date it was received and reviewed and the name of the official at the institution authorized to receive and review the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below:

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student’s Name)

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 Holy Family University for 2024-2025.

(Student’s Signature)

(Date)

(Student’s ID Number)