

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

www.holyfamily.edu/finaid

2025-2026 Identity/Statement of Educational Purpose Worksheet-Distance

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: _____

If the student is unable to appear in person at Holy to the institution:	Family University to verify his or her identity, the student must provide
	led photo identification (ID) that is acknowledged in the notary ary, such as, but not limited to, a driver's license, other state-issued ID,
	provided below, which must be notarized. If the notary statement Educational Purpose, there must be a clear indication that the ent notarized.
Stateme	ent of Educational Purpose
	am the individual signing this at the Federal student financial assistance I may receive will only be the cost of attending Holy Family University for 2025-2026.
(Student's Signature)	(Date)
(Student's ID Number)	
	ertificate of Acknowledgement
State of	
City/County of	
On, before me,	(Notary's name)
(Date) personally appeared,(Printed name of s	and proved to me
(Printed name of s	signer)
because of satisfactory evidence of identification _	
	Type of unexpired government-issued photo ID provided)
to be the above-named person who signed the fore	egoing instrument.
WITNESS my hand and official seal (seal)	
	(Notary signature)
My commission expires on(Date)	