

Name: _____

Family Size - Includes the following:

The student's spouse, if applicable.

The student.

Office of Financial Aid

3950 E. Newman Road, Joplin MO 64801 109 Hearnes Hall (417) 625-9325 Fax: (417) 659-4474 finaid@mssu.edu

Student ID #:

2024-2025 Family Size V5 NOTARY (Independent Student)

 They live with the student (or live apart because of their support from the first support from the first	the student;	and
• Other persons if the following are true:		
 They live with the student. They receive more than half of their support from They will continue to receive more than half their 		
The provided criteria for "dependent children" or "other person with whom the <u>student could claim as a dependent on a U.S</u> the time of completing the 2024-2025 FAFSA. As a result, the family size.	S. tax returr	if the student were to file a U.S tax return a
Full Name	Age	Relationship to Student
Full Name	Age	Relationship to Student SELF
Full Name	Age	

Identity and Statement of Educational Purpose V5 Notary

lame:	Student ID #:		
Identity and Statement of Educational Purpose - (To Be Signed in the Presence of a Notary)			
If the student is unable to appear in the student must provide to the institute.	person at Missouri Southern State University to verify his or her identity, tution:		
	overnment-issued photo identification (ID) that is acknowledged in the notary I to a notary, such as, but not limited to, a driver's license, other state-issued		
•	ational Purpose provided below, which must be notarized. If the notary e than the Statement of Educational Purpose, there must be a clear indication urpose was the document notarized.		
Statement of Educational Purpose			
I certify that I (Print Student Educational	am the individual signing this Statement of nt's Name)		
-	t financial assistance I may receive will only be used for educational adding Missouri Southern State University for 2024–2025.		
Student's Signature:	Date:		
	otary's Certificate of Acknowledgement		
	Notary's certification may vary by State		
State of			
City/County of	, before me,,		
(Date)	, belote me,, (Notary's name)		
personally appeared,	, and proved to me		
*	nted name of signer)		
because of satisfactory ev			
	(Type of unexpired government-issued photo		
to be the above-named pe	ID provided) erson who signed the foregoing instrument.		
WITNESS my hand and o			
(,	(Notary signature)		
My commission expires or			
	(Date)		