

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

## 2023-2024 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:
In addition, the student must sign, in the presence of the insprovided below:	stitutional official, the Statement of Educational Purpose
Statement of Ed	ducational Purpose
I certify that I	deral student financial assistance I may receive will only be
(Student's Signature)	(Date)
(Student's ID Number)	