

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 #:

## 2025-2026 Family Size V5 NOTARY (Independent Student)

• The st	tudent's dependent children if the following are tru	ie:	
•	They live with the student (or live apart because They receive more than half of their support from They will continue to receive more than half the	m the student;	and
• Other	persons if the following are true:		
with whor	They live with the student.  They receive more than half of their support from They will continue to receive more than half the ded criteria for "dependent children" or "other permy the student could claim as a dependent on a Uff completing the 2025-2026 FAFSA. As a result, the details a support of the student could claim as a dependent on a Uff completing the 2025-2026 FAFSA.	ir support froi sons" align wi I.S. tax return	th the requirement that family size align if the student were to file a U.S tax return a
Full Nan	ne	Age	Relationship to Student
			SELF
Student S	Signature:		Date:

## **Identity and Statement of Educational Purpose V5 Notary**

lame:	Student ID #:		
Identity and Statement of Educati	ional Purpose - (To Be Signed in the Presence of a Notary)		
If the student is unable to appear in the student must provide to the inst	person at Missouri Southern State University to verify his or her identity, itution:		
(a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and			
statement appears on a separate pag	cational Purpose provided below, which must be notarized. If the notary ge than the Statement of Educational Purpose, there must be a clear indication purpose was the document notarized.		
Statement of Educational Purpose			
I certify that I (Print Stude	am the individual signing this Statement of ent's Name)		
-	nt financial assistance I may receive will only be used for educational nding <u>Missouri Southern State University</u> for 2025–2026.		
Student's Signature:	Date:		
N	otary's Certificate of Acknowledgement		
	Notary's certification may vary by State		
State of			
City/County of	hefere me		
(Date)	, before me,, (Notary's name)		
personally appeared,	, and proved to me		
	inted name of signer)		
because of satisfactory e			
	(Type of unexpired government-issued photo ID provided)		
to be the above-named p	erson who signed the foregoing instrument.		
WITNESS my hand and (seal)	official seal		
, ,	(Notary signature)		
My commission expires o			
	(Date)		