

Family Size - Includes the following:

Office of Financial Aid

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

2026-2027 Family Size V5 NOTARY Verification (Dependent Student)

Student ID #: _____

• The student.		
• The student's parents, even if the student is not living wit in the household because of separation or divorce. Include Forces apart from the family.		
• The student's siblings if the following are true:		
 They live with the student's parents (or live aparents). They receive more than half of their support from they will continue to receive more than half the year. 	m the stude	nt's parents, and
• Other persons if the following are true:		
 They live with the student's parents, They receive more than half of their support from They will continue to receive more than half the year. 		A
The provided criteria for "dependent children" or "other person with whom the parent could <u>claim as a dependent</u> on a U.S. the time of completing the 2026-2027 FAFSA. As a result, the family size.	tax return i	f the parent were to file a U.S tax return at
Full Name	Age	Relationship to Student
		SELF
Student Signature:	Date:	
Parent Signature:		

Identity and Statement of Educational Purpose V5 Notary

Name:		Student ID #:	
Identity a	and Statement of Edu	ıcational Purpose - (To Be Signed in th	ne Presence of a Notary)
	udent is unable to appe must provide to the ins	-	te University to verify his or her identity, the
stateme		-	tion (ID) that is acknowledged in the notary ted to, a driver's license, other state-issued ID,
stateme	nt appears on a separat	Educational Purpose provided below, we page than the Statement of Educations all Purpose was the document notarized	al Purpose, there must be a clear indication
Statemen	nt of Educational Pur	pose	
I certify	that I	am the	individual signing this Statement of
Educati	onal (Print	Student's Name)	
-		udent financial assistance I may receive Missouri Southern State University	e will only be used for educational purposes y for 2026–2027.
Studen	t's Signature:	Date:	
		Notary's Certificate of Acknown Notary's certification may va	8
	State of		
	On	, before me,	<u>.</u>
	(Date)	(Notary	's name) , and proved to me
		(Printed name of signer)	
	because of satisfact	ory evidence of identification	unexpired government-issued photo
	to be the above-par	ID prov ened person who signed the foregoing	rided)
	WITNESS my hand (seal	and official seal	
	Na		(Notary signature)
	My commission exp	ires on	_