

**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 #: \_\_\_\_\_

## 2026-2027 Family Size V5 NOTARY (Independent Student)

• The st	udent's dependent children if the following are	e true:				
•	They live with the student (or live apart because of college enrollment).  They receive more than half of their support from the student; and  They will continue to receive more than half their support from the student during the award year.					
• Other	persons if the following are true:					
with whon	They live with the student.  They receive more than half of their support. They will continue to receive more than half ded criteria for "dependent children" or "other in the student could claim as a dependent on a f completing the 2026-2027 FAFSA. As a result.	f their support from persons" align wing a U.S. tax return	ith the requirement that family size align if the student were to file a U.S tax return a			
family size	1 0	m, the student she	and not include any unborn ciniaren in the			
Full Nam	16	Age	Relationship to Student			
			SELF			
Student S	Signature:		Date:			

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

Name:		Student ID #:				
Identity an	nd Statement of Educational	Purpose - (To Be Signed in the Presence of a	a Notary)			
	dent is unable to appear in pers	on at Missouri Southern State University on:	to verify his or her identity,			
statement	a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the retatement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-is D, or passport; and					
statement	(b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indicati that the Statement of Educational Purpose was the document notarized.					
Statement	of Educational Purpose					
I certify to Education	hat I		ning this Statement of			
-		ancial assistance I may receive will only be  Missouri Southern State University for				
Student's	s Signature:	Date:				
	No	ry's Certificate of Acknowledgem tary's certification may vary by Stat				
S	State of City/County of					
		before me,				
	(Date)	(Notary's name)	and proved to me			
P	ersonally appeared, (Printed)	name of signer)	, and proved to me			
b						
		, ,,	vernment-issued photo			
to	ID provided) to be the above-named person who signed the foregoing instrument.					
	VITNESS my hand and office (seal)					
	(5531)	(Notary sign	nature)			
N						
	(	(Date)				