Student Financial Aid & Scholarships



1621 Dr. Martin Luther King, Jr. Drive Little Rock, AR. 72202

Phone: (501) 420-1226 Fax: (501) 400-8662 Email: financialaid@arkansasbaptist.edu Homepage: www.arkansasbaptist.edu

School Code 00108700

$\begin{array}{c} \textbf{Identity and Statement of Educational Purpose} \\ 2022-2023 \end{array}$

(To Be Signed at the Institution)

The student must appear in person at	Arkansas Baptist University	to
	(Name of Postsecondary Educational Institution)	
such as, but not limited to, a driver's licens maintain a copy of the student's photo ID t	unexpired valid government-issued photo identification (IEse, other state-issued ID, or passport. The institution will that is annotated by the institution with the date it was ne official at the institution authorized to receive and review	,,
In addition, the student must sign, in the perfect that the perfect is a student must sign, in the perfect that the perfect is a student must sign, in the perfect must sign, in the perfec	resence of the institutional official, the Statement of	
Stateme	nt of Educational Purpose	
I certify that I(Print Student's Nat	am the individual signing this	
(Print Student's Nai	me)	
Statement of Educational Purpose and that only be used for educational purposes and Arkansas Baptist College for 20 (Name of Postsecondary Educational Institution)	. ,	vill
(Student's Signature)	(Date)	
(Student's ID Number)		
ID Type:		
	(Date Received)	
Financial Aid Administrator		