

STATEMENT OF EDUCATIONAL PURPOSE

Student Information First name Last name **Statement of Educational Purpose** , am the individual signing this I certify that I, (student's name) Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending SUNY Empire State College for 2022–2023. Student's signature Date Student's ID No. _____ **Notary's Certificate of Acknowledgement** City/County of_____ _____, before me, _____(Notary's name) (date) personally appeared,_____ _____, and provided to me on basis of (printed name of signer) satisfactory evidence of identification _____ (type of government-issued photo ID provided) to be the above-named person who signed the foregoing instrument. WITNESS my hand and official seal (seal) (Notary signature) My commission expires on _____ * You must have this form notarized and submit this along with a copy of your unexpired valid governmentissued photo identification to the Financial Aid office at SUNY Empire State College, Financial Aid, 111 West Avenue, Saratoga Springs, NY 12866, faxed to 518-580-4863, or emailed to financialaid@esc.edu. Acceptable photo identity includes, but is not limited to a driver's license, non-driver's license, military identification or passport. **Reviewer Use Only** Action/approval date_____ ☐ Approved ☐ Denied Signature Date

Name and title