JACKSONVILLE
U N I V E R S I T Y

2022-2023 Statement of Educational Purpose

_____
Student's Last Name   First Name   M.I.

_____
Student's Street Address (include apt. no.)

_____
City State Zip Code

_____
Student's Home Phone Number (include area code)

_____
Student's Identification (ID) Number

_____
Student's Date of Birth

_____
Student's Email Address

_____
Student's Alternate or Cell Number

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE
(_To Be Signed With Notary_)

If the student is unable to appear in person at **Jacksonville University** to verify his or her identity, the student must provide:

(a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state-issued ID, or passport; and

(b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this
                    (Print 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
_____ for 2022-2023.
(Name of Postsecondary Educational Institution)

_____ _____
(Student's Signature)   (Date)

_____
(Student's ID Number)

Notary's Certificate of Acknowledgement on page 2

Student's Name_____ Student's ID Number _____

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On_____, before me, _____,
    (Date)   (Notary's name)

personally appeared, _____, and provided to me
                             (Printed name of signer)

on basis of 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 _____

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.
The student and one parent whose information was reported on the FAFSA must sign and date.

> **WARNING:** If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

_____   _____
Print Student's Name   Student's ID Number

_____   _____
Student's Signature   Date

_____   _____
Parent's Signature   Date