

2022–2023 Statement of Educational Purpose



Student's First Name: _____ Student's Last Name: _____

Colleague ID: _____ Email: _____

INSTRUCTIONS

There are two options for completing this form:

1. Appear **in person** at the Office of Financial Aid. Present valid, unexpired government-issued photo identification (such as a driver's license, state-issued ID card, or passport) and read and sign the **Statement of Educational Purpose** below; **OR**
2. Read the **Statement of Educational Purpose** below. Take it to a notary public to witness your signature. Have a copy of the original document notarized. Submit the **original, notarized** statement to the Office of Financial Aid along with a **notarized** copy of your identification used for notarization by mail. The identification must be a valid, unexpired government-issued photo identification (such as a driver's license, state-issued ID card, or passport).

If you have questions about these instructions, please contact the Office of Financial Aid at (425) 629-5002 or faid@digipen.edu.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I, _____, am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used to pay the cost of attending DigiPen Institute of Technology for 2022-23.

TYPED SIGNATURES ARE NOT ACCEPTABLE, please physically sign form.

Student Signature: _____ Date: _____

NOTARY CERTIFICATE *(Not required if signed at the Office of Financial Aid)*

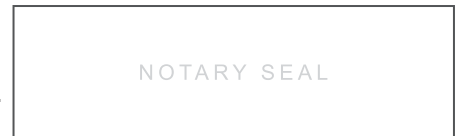
(Note to Notary: The Office of Financial Aid also requires a certified copy of the identification presented to you.)

State of _____ County of _____

Signed or attested before me on _____, 20____ by _____.

Notary Public Signature: _____

Notary Public – State of _____ . My commission expires: _____.



FOR OFFICE USE

- Presented ID and signed statement in person (make a copy of ID and retain for the file).

Document Title: _____

Issuing Authority: _____ Expiration Date: _____

- Notarized statement and submitted a certified copy of ID.

Financial Aid Representative

Printed Name: _____

Title: _____

Signature: _____ Date: _____