2021–2022 Statement of Educational Purpose



Student's First Name:	Student's Last Name:	
Social Security Number:	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

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: NOTARY SEAL FOR OFFICE USE Presented ID and signed statement in person (make a copy of ID and retain for the file). Document Title:Expiration Date:Expiration Date: Notarized statement and submitted a certified copy of ID. Financial Aid Representative Printed Name:Title:	I certify that I,			, am the individual signing this Statement of Educational Purpose		
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: NOTARY SEAL FOR OFFICE USE Presented ID and signed statement in person (make a copy of ID and retain for the file). Document Title:Expiration Date:Expiration Date:Expiration Date:Expiration Date:	and that the Federal student financial assistance I	I may receive will only be us	ed to pay the cost of a	ttending DigiPen Institute of Technology for 202	1-22	
(Note to Notary: The Office of Financial Aid also requires a certified copy of the identification presented to you.) State of	Student Signature:			Date:		
State of County of Signed or attested before me on, 20 by Notary Public Signature: Notary Public - State of My commission expires: Notary Public - State of My commission expires: PRO OFFICE USE Presented ID and signed statement in person (make a copy of ID and retain for the file). Document Title:	NOTARY CERTIFICATE (Not required if sign	ned at the Office of Financia	l Aid)			
Signed or attested before me on, 20 by Notary Public Signature: Notary Public – State of, My commission expires: NOTARY SEAL 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:	(Note to Notary: The Office of Financial Aid also re	equires a certified copy of th	ne identification presen	ted to you.)		
Notary Public Signature:	State of County	of				
Notary Public – State of My commission expires: NOTARY SEAL	Signed or attested before me on	, 20	by			
Notary Public – State of My commission expires: NOTARY SEAL	Notary Public Signature:			_		
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Notarized statement and submitted a certified copy of ID. Financial Aid Representative Printed Name:	Document Title:					
Financial Aid Representative Printed Name:	Issuing Authority:			Expiration Date:		
Printed Name:	Notarized statement and submitted a c	certified copy of ID.				
Title:	Financial Aid Representative					
	Printed Name:					
Signature: Date:	Title:					
	Signature:			Date:		