

2024–2025 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). Both form and ID need to be notarized and submitted at the same time for requirement to be satisfied.

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 2024-25.

TYPED SIGNATURES ARE NOT ACCEPTABLE, please physically sign form.

Student Signature: _____ Date: _____

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

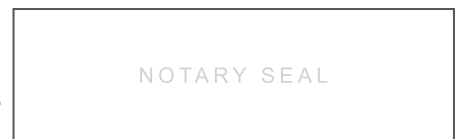
(Note to Notary: The Office of Financial Aid also requires a certified copy of the identification presented to you.)

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: _____