

# 2023–2024 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](mailto: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 2023-24.

**TYPED SIGNATURES ARE NOT ACCEPTABLE, please physically sign form.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

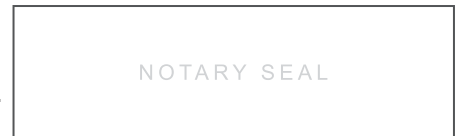
*(Note to Notary: The Office of Financial Aid also requires a certified copy of the identification presented to you.)*

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: \_\_\_\_\_