2021 XIDN21

E																																

Student ID # **Last Name** **First Name**

2020-2021 Identity and Statement of Educational Purpose

(To Be Signed With Notary)

If the student is unable to appear in person at Eastern Illinois University, Office of Financial Aid, Charleston, IL to verify his or her identity, the student must provide to the institution:

(a) A copy of the unexpired 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*** Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

****

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 Eastern Illinois University for 2020-2021.

_____ _____
(Student's Signature) (Date)

****

Declaración de Propósito Educativo

Certifico que yo, _____, soy el individuo que firma esta Declaración de Propósito
[Imprimir nombre del estudiante]

Educativo, y que la ayuda financiera federal estudiantil que yo pueda recibir sólo será utilizada para fines educativos y para pagar el costo de asistir a Eastern Illinois University para 2020-2021.

_____ _____
Firma del estudiante [Fecha]

****

Notary's Certificate of Acknowledgement

State of _____ City/County of_____

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

personally appeared, _____, and proved 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 _____
(Date)

EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS, 600 LINCOLN AVENUE, CHARLESTON, IL 61920
TELEPHONE 217-581-6405 FAX 217-581-6422 EMAIL finaidverification@eiu.edu