2017–2018 Statement of Educational Purpose

Student Name: ___________________________  Loyola ID: ___________________________

(Please)  (Your 11-digit Loyola ID number begins)

To complete the processing of your financial aid for the 2017–2018 academic year, we need to verify information as determined by the Department of Education. Sign the Certification Statement on the final page before submitting the worksheet.  If verified by notary public, submit a copy of your photo ID as described below with this form.

Identity and Statement of Educational Purpose
(To Be Signed at the Institution or in the presence of a notary public)

You, the student, must appear in person at Loyola University Chicago or before a notary public to verify your identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. Loyola University Chicago will maintain a copy of your photo ID that is annotated by the institution (or notary) with the date it was received and reviewed, and the name of the official at the institution (or notary) authorized to receive and review the ID.

In addition, you must sign, in the presence of the institutional official or notary public, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I ______________________________________ am the individual signing this Statement of Educational Purpose

(Print Student’s Name)

and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Loyola University Chicago for 2017-2018.

Certification Statement:
All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

Student Signature* Date

*Typed and digital signatures are not acceptable

SWORN TO AND SUBSCRIBED BEFORE ME

THIS ________DAY OF 20________

NOTARY PUBLIC (SIGNATURE)
MY COMMISION EXPIRES __________________

NOTARY STAMP

Financial Aid Office, Health Sciences Campus
Building 120, Room 210
2160 South First Avenue Maywood, IL 60153
Phone: 708.216.3227 Fax: 708.216.0480
Scan completed form and E-mail to ssomfinaid@luc.edu

EP_HSD 2018

Last Updated 10/12/2016