Financial Aid Office, Health Sciences Campus
Building 120, Room 210
2160 South First Avenue
Maywood, IL 60153 Phone: 708.216.3227
Scan completed form and upload to https://forms.luc.edu/faoupload

LOYOLA
UNIVERSITY CHICAGO
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Preparing people to lead extraordinary lives

2021-2022 Statement of Educational Purpose

Student Name:_____	**Loyola ID:** _____
(Please	(Your 11-digit Loyola ID number begins 0000)

To complete the processing of your financial aid for the 2021-2022 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 stamped by the notary** as described below with this form.

<div align="center">

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

</div>

You, the student, must appear in person at Loyola University Chicago or before a notary public to verify your identity by presenting an <u>unexpired</u> 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.

<div align="center">

Statement of Educational Purpose

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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 2021-2022.

<u>**Certification Statement:**</u>
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

HSC EP 2022

Last Updated 1/26/21