Endicott College

Notary's Signature

376 Hale Street • Beverly, MA 01960 • tel: 978-232-2070 • fax: 978-232-2085 • email: finaid@endicott.edu

	IDENTITYAND	STATEMEN	IT OF EDUCATIONAL PURF	POSE
Student's Name: Last	First	M.I.	- Student ID	Email Address
F STUDENT CAN APPEA	AR IN PERSON:			
dentification (ID), such as, but not	t limited to, a driver's lice institution with the date it	nse, other state		d valid government-issued photo ion will maintain a copy of the student's official at the institution authorized to
n addition, the student must sig	n, in the presence of th	ne institutional	official, the following Statement of	Educational Purpose:
STATEMENT OF EDUCATIONAL PURPOSE				OFFICE USE ONLY
I certify that I	ertify that IPrint Students Name			
am the individual signing this financial assistance I may reco of attending Endicott College	Statement of Education eive will only be used for	nal Purpose ai		
Student signature			Date	-
F STUDENT CANNOT AP	PEAR IN PERSON	l:		
3. The original Statement of Ed	ucational Purpose provid	ded below, which	Note: an Endicott College student ID on must be notarized. If the notary statement of Education that the Statement of Education	tatement appears on a separate page
	STA	TEMENT OF E	DUCATIONAL PURPOSE	
I certify that I	Print Student's Name			
am the individual signing this Sta used for educational purposes a	atement of Educational F	urpose and tha	at the Federal student financial assis College for 2024–2025.	stance I may receive will only be
Student Signature			Date	
NOTARY CERTIFICATE OF A	CKNOWI EDGMENT	•		
Notary signature/seal required if stude			aries can often be found at	
ocal banks, credit unions, insurance a	gencies or shipping stores.	Certification may	vary by State)	
tate of:	City/Co	ounty of:		
n, before me, _				
Date	Notary's Sig			
ersonally appeared,			and proved to me	(SEAL)
	Printed name of	signer		,
n the basis of satisfactory eviden		Type of upayminad :	overnment issued photo ID received	
he the above named names wh			overnment-issued photo ID provided	
o be the above-named person wh VITNESS my hand and official se		nou uniciil.		
•		nmission evnire		

Date