

**2017-2018
 Statement of Education Purpose & Certification of Identity**

**This statement must be completed and signed in the presence of either a
 Marylhurst University Financial Aid Administrator or a Notary Public.
 Do NOT complete the form in advance.**

Student Name: _____ **Student ID#:** _____
Print Name

Student Certification

By checking the following boxes and signing below, I certify the following to be true:

- I will use federal or state student financial aid only to pay the costs associated with my attendance at Marylhurst University in the 2017-18 academic year.
- I am not in default on a federal student loan, or have made satisfactory arrangements to repay it.
- I do not owe money on a federal student grant, or have made satisfactory arrangements to repay it.
- I will notify Marylhurst University if I default on a federal student loan.
- I will not receive a Federal Pell Grant from more than one school for the same period of time.
- I agree, if asked, to provide information that will verify the accuracy of my financial aid application. This information may include U.S. or state income tax forms that I filed or are required to file.
- I understand that Marylhurst University has the authority to request documentation required to verify the accuracy of my financial aid application.
- I understand that the U.S. Secretary of Education has the authority to verify information used to apply for federal student aid with the Internal Revenue Service and other federal agencies.
- I understand to remain eligible to receive financial aid I must maintain Satisfactory Academic Progress toward the completion of my academic program, the requirements for which are published at <http://www.marylhurst.edu/tuition-aid/financial-aid-and-scholarships/maintaining-financial-aid/>.
- I understand that withdrawing, dropping, or not attending my classes may lead to the reduction or cancellation of financial aid and that it is my responsibility to consult with the Marylhurst University Office of Financial Aid prior to changing my course load.
- I understand that Marylhurst University and the U.S. Department of Education will pursue collection efforts for cancelled or reduced aid that I received and to which I am not entitled.
- If I sign any document related to the federal student aid programs electronically using a FSA ID, I certify that I am the person identified by the FSA ID and I have not disclosed that FSA ID to anyone else.
- I understand that purposely providing false or misleading information to obtain student financial aid is a federal offense punishable by fines, imprisonment, or both.

Student Signature: _____ **Date:** _____

IF SUBMITTING IN PERSON Present this form with original valid government-issued photo ID. To be completed by Marylhurst University Financial Aid Administrator		IF SUBMITTED BY MAIL Send this form with photocopy of valid government-issued photo ID. To be completed by Notary Public:	
ID Type:	State of:		
ID Number:	Exp:	Country of:	
FAA Name:		This instrument was acknowledged before me on (date):	
FAA Title:		By (name):	
FAA Signature:	Date:	Signed:	

SEAL: