



Date Received \_\_\_\_\_  
 Staff Member Signature \_\_\_\_\_

Office Use Only

**Office of Financial Aid**

**2015-2016 Statement of Educational Purpose and Certification of Identity**

Student Name: \_\_\_\_\_

SSN (last four digits): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student Type:  WOM  CAUS  GRAD  PHARM

**The student must appear in person at Notre Dame of Maryland University to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.**

In addition, the student must sign, in the presence of the institutional official, the following:

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this statement of educational purpose and that  
(Print Student's Name)

the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Notre Dame of Maryland University for 2015-2016.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's ID Number

If the student is unable to appear in person at Notre Dame of Maryland University, to verify his or her identity, the student must provide:

- A **copy** of the 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
- The **original notarized** statement of educational purpose provided above.

**Notary Certificate of Acknowledgement (only required if NOT appearing in person)**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
Date Notary's name

personally appeared, \_\_\_\_\_, and provided to me  
Printed Name of Signer

on basis of satisfactory evidence of identification \_\_\_\_\_ to be the  
(Type of government-issued photo ID provided)

above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**

(seal)

My commission expires on \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Staff Member

*This form contains personally identifiable information.*  
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