2024-2025
Identity and Statement of Educational Purpose Form

Student’s Last Name ___________________________  First Name ___________________________  M.I. ___________________________  Student ID ___________________________

STATEMENT OF EDUCATIONAL PURPOSE:

I certify that I, ____________________________________________________________, am the individual signing this Statement of Educational Purpose and the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Dillard University for 2024-2025.

Student’s Signature: __________________________________________________________

Date: ___________________________

This form must be presented in person to Dillard University Office of Financial Aid. When presenting this form, valid government-issued photo identification will be required; which will be copied by an authorized staff member, and submitted along with this form. Acceptable photo identity includes, but is not limited to a non-expired driver’s license, state issued ID, or passport.

Notary’s Certification of Acknowledgement

This form must be notarized ONLY if you are not submitting it in person.

State of ___________________________, City/County of ___________________________,

On ___________________________, before me, ___________________________,

(Date) ___________________________, (Notary’s name)

personally appeared, ____________________________, and provided satisfactory

(Student’s Name)

Type of government-issued photo ID provided)

evidence of identification ___________________________ to be the

above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(Seal) ___________________________, (Notary Signature) ___________________________

My commission expires on ___________________________.

(Date) ___________________________

FAA Reviewer Use Only

☐ Approved: Action/approval date __________  ☐ Denied (reason) ___________________________

FAA Signature ___________________________  Title ___________________________
