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**2018–2019 Identity and Statement of Educational Purpose**

You must present a valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport when signing this form with an **in-person notary public**. The original copy of this completed form, along with a copy of the same ID presented to the notary public, must be mailed to the Office of Financial Aid at Florida Polytechnic University at the address above.

You must sign, in the presence of a notary public the Statement of Educational Purpose below:

I certify that I am the individual signing this (Print Student’s Name)

**Statement of Educational Purpose** and that the federal student financial assistance I may receive will only be used for educational purposes to pay the cost of attending **Florida Polytechnic University** for 2018-2019.

(Student’s Signature) (Date)

(Student’s Poly ID Number)

**Notary’s Certificate of Acknowledgement**

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

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

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date) (Notary’s name)

personally appeared, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and proved to me

(Printed name of signer)

on basis of satisfactory evidence of identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Type of government-issued photo ID provided)

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)