

2018 - 2019 IDENTITY/EDUCATIONAL PURPOSE WORKSHEET

Section 1 – Student Information

Last Name: _____ First Name: _____ Student ID Number: _____

Permanent Address:

Street & Number: _____ City, State, and ZIP: _____

Local Phone Number (Include Area Code): _____

Permanent Phone Number (Include Area Code): _____

Email Address: _____

Section 2 – Statement of Educational Purpose and Certification of Identity

Warning: This statement must be completed and signed in the presence of either a Felician College Financial Aid Administrator or a Notary Public. Do not complete the form in advance.

Section A: Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **Felician University** for 2018-2019.

Section B: Certification of Identity

<p>IF SUBMITTING IN PERSON present this form with original valid government-issued photo ID (such as a driver's license, other state-issued ID military ID, or passport) To be completed by Felician Financial Aid Administrator:</p>	<p>IF SUBMITTING BY MAIL send this form with copy of valid government-issued photo ID. (such as a driver's license, other state-issued ID military ID, or passport) To be completed by Notary Public:</p>
ID Type:	State of:
ID Number: _____ Exp. Date: _____	County of:
FAA Name:	This instrument was acknowledged before me on:
FAA Title:	By:
FAA Signature _____ Date: _____	Signature (Seal):

Section 3 – CERTIFICATION:

By signing this worksheet, I (student providing information on the 2018-2019 Free Application for Federal Student Aid) certify all the information reported is complete and correct to the best of my knowledge. I understand that if I purposely provide false or misleading information on this document, I am liable for the cancellation or repayment of all or part of my financial aid.

Student Signature: _____ Date: _____

Student Name (Please Print): _____ Student ID Number: _____

Parent Signature (IF student is dependent): _____

Spouse Signature (IF Student is married): _____

Date: _____

Parent Name: _____ Spouse Name: _____

Return completed form and any other pertinent documents to:

Felician University
Financial Aid Office
262 South Main Street
Lodi, NJ 07644
Phone: 201-559-6010
Fax to: 201-559-6025

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