



**If you are unable to appear in person at Marywood University to verify your identity, you must provide:**

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**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and  
(Print Student's Name)

that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of  
attending \_\_\_\_\_ for 2025-2026.  
(Name of Postsecondary Educational Institution)

\_\_\_\_\_  
(Student's Signature) (Date)

\_\_\_\_\_  
(Student's ID Number)

**Notary's Certificate of Acknowledgement**

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

**Certification and Signatures**

Each person signing certifies that all the information reported is complete and correct		<b>Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.</b>
_____ Student's Signature	_____ Date	
_____ Parent's Signature	_____ Date	