2014-15 NOTARIZED STATEMENT OF EDUCATIONAL PURPOSE

STUDENT: ________________________________  STUDENT ID#: __________________

Please re-write the statement in the box on the lines provided below, and have this form notarized.

Please be aware that by doing so, you are certifying that you will use any federal, state, and/or institutional financial aid awarded only for the purpose of paying the cost of attending the University of Bridgeport during the 2014-15 academic year.

I certify that I [Print Student’s Name], 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 the University of Bridgeport for 2014-2015.

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

____________________________________________________
Student’s Signature  Date

State of _____________________________  City/County of _____________________________

On ____________, before me, _____________________________ personally appeared

(Date)  (Notary’s Name)

____________________________ and provided to me on basis of satisfactory evidence of identification

(Printed name of signer)

(Type of government-issued photo ID provided)

WITNESS my hand and official seal

(seal)  (Notary Signature)

My commission expires on _____________________________

(Date)