



DILLARD
UNIVERSITY

FAX

Office of Financial Aid & Scholarships

2601 Gentilly Boulevard ~ Rosenwald Hall, Room 126
New Orleans, LA 70122
Phone (504) 816-4677 • FAX (504) 816-5456

2022-2023

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 2022 - 2023.

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, military identification 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)

evidence of identification _____ to be the

(Type of government-issued photo ID provided)

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 _____