



Statement of Educational Purpose 2019-2020

Federal Student Aid Programs

Financial Aid Office

University of Wisconsin-Superior
Old Main, Room 110
Belknap & Catlin, PO Box 2000
Superior, WI 54880-4500

Phone: (715)394-8200
Email: finaid@uwsuper.edu

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The University of Wisconsin-Superior is required to confirm the information you reported on your FAFSA. If there are differences, your FAFSA information will need to be corrected. You must complete, sign, and submit this worksheet to the Financial Aid Office at the **University of Wisconsin-Superior**.

Please be aware that we will be unable to continue processing any financial aid until the verification process is complete. Delays may cause the loss of eligibility for limited financial aid resources.

A. Student Information

Last Name First Name M.I.

UWS Student ID Number (If ID number unavailable, you may list your social security number)

Phone Number (Include Area Code)

The student must appear in person at the **University of Wisconsin-Superior** to verify his or her identity by presenting an unexpired, valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. The institution will maintain a copy of the student’s photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below:

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 the **University of Wisconsin-Superior** for 2019 -2020.
(Print Student’s Name)

Student’s Signature

Date

UWS Student ID Number

UWS Financial Aid Staff Signature

Date

UWS Financial Aid Staff Name

Note: If you are unable to sign this form in front of the **University of Wisconsin-Superior’s** Financial Aid staff, you may have the back of this form filled out and notarized.

If the student is unable to appear in person at the **University of Wisconsin-Superior** to verify his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired, valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary such as but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and that the Federal
(Print Student's Name)
student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending the **University of Wisconsin-Superior** for 2019-2020.

Student's Signature

Date

UWS Student's ID#

Notary's Certificate of Acknowledgement

State of _____
City/County of _____
On _____, before me, _____, personally appeared, _____, and
(Date) (Notary's Name) (Printed name of signer)
proved to me on basis of satisfactory evidence of identification _____ to be
(Type of unexpired government-issued photo ID provided)
the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal _____
(seal) (Notary Signature)

My commission expires on _____
(Date)

Do not mail this worksheet to the U.S Department of Education.