

Verification Statement of Educational Purpose

Student's Name:		-
WES ID:	Class:	_

This statement must be completed and signed in the presence of either a Wesleyan Financial Aid Administrator or a Notary Public. You must also show an original, valid, unexpired government-issued photo identification (driver's license, non-driver's license, or passport) in the presence of either a Wesleyan Financial Aid Administrator or a Notary Public so they can make a copy of it.

Do not complete the form in advance.

Statement of Educational Purpose			
I certify that I am the individual signing this Statement of Educational (Print Student's Name) 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 Wesleyan University for 2017–2018.			
Student Signature Date			
IF SUBMITTING IN PERSON Present this form with original valid government-issued photo ID. To be completed by the Wesleyan Financial Aid Administrator:	IF SUBMITTING BY MAIL Send this form with photocopy of valid government-issued photo ID. To be completed by Notary Public:		
Date:	Date:		
FAA Name:	Name:		
FAA Signature:	Signature:		
	(SEAL) Or (STAMP) ncial Aid Administrator or Notary Public has signed/dated		
(notary public-sealed) AND attached the copy, they made, of the government-issued photo ID.			

This form cannot be faxed or emailed.