



# EMPIRE STATE UNIVERSITY

## STATEMENT OF EDUCATIONAL PURPOSE

### Student Information

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
M.I.

### Statement of Educational Purpose

I certify that I, \_\_\_\_\_, am the individual signing this  
(student's name)

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 Empire State University for 2024–2025.

\_\_\_\_\_  
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 on basis of  
(printed name of signer)

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)

**\* You must have this form notarized and submit this along with a copy of your unexpired valid government-issued photo identification to the Office of Financial Aid at Empire State University, Office of Financial Aid 111 West Avenue, Saratoga Springs, NY 12866, faxed to 518-580-4863, or emailed to [financialaid@sunyempire.edu](mailto:financialaid@sunyempire.edu). Acceptable photo identity includes, but is not limited to a driver's license, non-driver's license, military identification or passport.**

### Reviewer Use Only

Action/approval date \_\_\_\_\_  Approved  Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and title \_\_\_\_\_