



Office of Student Financial Services, 36 Madison Avenue, Madison, NJ 07940
 Tel: 973-408-3112 Fax: 973-408-3188 Email: finaid@drew.edu, [Secure Online Portal](#)

2022-2023 IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE

STUDENT INFORMATION

Student's Last Name	First Name	M.I.	Student's Identification (ID) Number
Student's Street Address (include apt. number)			Student's Phone Number (include area code)
City	State	Zip	

IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE

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 be used only for educational purposes and to pay the cost of attending Drew University for 2022-2023.

You must present this form in person to the Office of Financial Assistance and provide valid government-issued photo identification (driver's license, other state-issued identification, military identification, or passport).

CERTIFICATIONS AND SIGNATURES

The student signing below certifies that all of the information reported is complete and correct.
 WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

Student's Signature	Date
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OFFICIAL USE ONLY

Office Witness Signature	Date
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OR

NOTARY PUBLIC

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Public of New Jersey	Seal:
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