



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](#)

2023-2024 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 2023-2024.

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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