Endicott College

Notary's Signature

376 Hale Street • Beverly, MA 01960 • tel: 978-232-2070 • fax: 978-232-2085 • email: finaid@endicott.edu

	2025-2026 IDE	NTITY AND S	STATEMENT OF EDUC	CATIONAL	PURPOSE
Student's Name: Last	First	M.I.	Student ID		Email Address
F STUDENT CAN APPEA	AR IN PERSON:				
The student must appear in pers dentification (ID), such as, but no shoto ID that is annotated by the receive and review the student's	ot limited to, a driver's lice institution with the date it	nse, other state	issued ID, or passport. The	institution wil	maintain a copy of the student's
n addition, the student must si ç	gn, in the presence of th	e institutional o	official, the following Statem	nent of Educat	ional Purpose:
STATEMENT OF EDUCATIONAL PURPOSE					OFFICE USE ONLY
I certify that I	rtify that I				
am the individual signing this financial assistance I may rec of attending Endicott College	s Statement of Educatio	nal Purpose ar	nd that the Federal studen		
Student signature					
IF STUDENT CANNOT AI	DDEAD IN DEDSON				
o o	ducational Purpose provid	led below, which	n must be notarized. If the no	otary stateme	a valid form of ID); and nt appears on a separate page I Purpose was the document
	STA	TEMENT OF E	DUCATIONAL PURPOSE		
I certify that I	Print Student's Name	3			
am the individual signing this St for educational purposes and to	tatement of Educational F	Purpose and tha		al assistance	I may receive will only be used
Student Signature			Date	e	
NOTARY CERTIFICATE OF	ACKNOWLEDGMENT				
Notary signature/seal required if stud ocal banks, credit unions, insurance	,	•			
State of:	City/Co	ounty of:			
On, before me,					
Date	Notary's Si	gnature			
personally appeared,	Printed name of	f signer	and proved to	me	(SEAL)
on the basis of satisfactory evider					
on additional of additional of a collection of		Type of unexpired go	vernment-issued photo ID provided		
to be the above-named person w WITNESS my hand and official s		nstrument.			
,		nmission expire	s on		

Date