

Statement of Educational Purpose

I certify that I _____ am the individual signing this **Statement of Educational Purpose** and
(Print Student's Name)
that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending
The Baptist College of Florida for 2023-2024.

(Student's Signature) (Date) (Student's ID#)

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,

(Date) (Notary's name)

personally appeared, _____, and proved to me on basis of satisfactory evidence of

(Printed name of signer)

identification _____ to be the above-named person who signed the foregoing instrument.

(Type of government-issued photo ID provided)

WITNESS my hand and official seal

(seal)

_____ My commission expires on _____.

(Notary signature)

(Date)

FOR OFFICE USE ONLY: Attach photocopy of ID after verifying identity.

Document Used: _____ Date Received: _____ Authorized Name: _____

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.
The student and one parent whose information was reported on the FAFSA must sign and date.

Print Student's Name

Student's ID Number

Student's Signature (Required)

Date

Parent's Signature (Required)

Date