



Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

V4

**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 Baptist University 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 provided 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.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

\_\_\_\_\_  
Date