

## FINANCIAL AID

Division of Student Affairs Office of Financial Aid Telephone: (850) 599-3730 Fax: (850) 561-2730 Upload through your SFP portal

## 2024-2025 Identity/Statement of Educational Purpose

Leartify that I	and the individual signing this <b>State of Educational Purpose</b>			
	assistance I may receive will only be used for educational purposes to pay the			
cost of attending Florida A&M Univ	ersity for the 2024-2023 award year.			
I am providing one of the following				
	Driver's License			
	Military ID			
	Other ID			
	Passport			
Student's Eull Nome	EAMIL Student ID Number			
Student's Full Name	FAMU Student ID Number			
	FAMU Student ID Number  Date			
Student's Full Name Student's Signature				

of			
on	, before me, .		,
(Date)		(Notary's na	me)
	(Printed nar	me of signer)  of government-issued pho	
	(Туре	of government-issued pho	oto ID provided)
the above-named person	who signed the fores	going instrument.	
WITNESS my hand and (seal)	official seal		
(Notary signature)			
My commission expires	on		
Office Use Only:			
Mail	Email	Fax	Hand Carry
Received by:		Date:	