

2022–2023

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Student Name _____ ID # _____

You must sign the following:

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I, _____, am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Calvin University for 2022–2023.
(print your name)

Student Signature _____ Date _____