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.

Student Signature____________________________________ Date ________________

Calvin University Financial Aid Office 3201 Burton St SE Grand Rapids, MI 49546
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