

2023-2024 STATEMENT OF EDUCATIONAL PURPOSE INSTITUTION

NAME _____

ID NUMBER _____

IDENTITY

The student must appear in person at Andrews University to verify his or her identity by presenting an unexpired valid government issued photo identification (ID), such as but not limited to, a driver's license, driver's identification card

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____ am the individual signing this Statement of Educational Purpose
(print student's name)
and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the costs attending Andrews University for 2023-2024.

Student's signature _____

Date _____

Type of ID _____

- Photo ID verified and copied.

SFS Signature _____

Date _____

Printed Name _____

Mail to: Andrews University
Office of Student Financial Services
4150 Administration Drive
Berrien Springs, MI 49104-0750

Phone: 269.471.3334
Email: sfs@andrews.edu
Web: www.andrews.edu/sf