

2024-2025 IDENTIFICATION/STATEMENT OF EDUCATIONAL PURPOSE

FSU Office of Scholarships & Financial Aid
1201 S. State Street, CSS 101, Big Rapids, MI
49307 Phone: 231 591-2110

FIRST NAME

MIDDLE

LAST

Phone Number

Student ID #

Permanent Address (include Apt. Number)

City

State

Zip Code

STUDENT INSTRUCTIONS: If you are unable to appear in person at Ferris State University Main Campus or Kendall College of Art & Design, then please print this form and take it to a licensed notary public with one of the forms of acceptable identification listed below. Do not fill out or sign this form until you are in the presence of the notary public. Once this form has been notarized, you must mail the form AND a photocopy of the identification you presented to the Notary Public, to: Ferris State University Office of Scholarships and Financial Aid, 1201 S State Street, CSS101, Big Rapids, MI 49307. Student is responsible for any applicable notary fees. **THIS FORM MAY NOT BE FAXED OR EMAILED.**

ACCEPTABLE FORMS OF IDENTIFICATION: NOTE – “VALID” MEANS CURRENT, NOT EXPIRED.

- Valid Driver’s License with photo
- Valid passport with photo
- Valid Permanent Resident Card with photo
- Valid State Identification Card with photo

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student’s Name)

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 Ferris State University for 2024-2025.

(Student’s Signature)

(Date)

(Student’s ID Number)

Notary’s Certificate of Acknowledgment

State of _____ City/County of _____

(Date)

On _____, before me, _____, personally appeared, _____, and proved
(Printed Name of Notary) *(Printed Name of Signer)*

to me on basis of satisfactory evidence of 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

Notary Signature _____ Date _____

My commission expires on _____