

Office of Student Financial Aid 2023-2024 Identity and Statement of Educational Purpose

Student's Name	UMES ID#	
Aid to verify his or her identity by presenting an unexp but not limited to, a driver's license, other state-issued	of Maryland Eastern Shore (UMES), Office of Student Financipired valid government-issued photo identification (ID), such a d ID, or passport. UMES will maintain a copy of the student's date it was received and reviewed, and the name of the Financial review the student's ID.	as, S
In addition, the student must sign, in the presence of provided below:	a Financial Aid Official, the Statement of Educational Purpose	е
Statement o	of Educational Purpose	
I certify that I	am the individual signing	
(Print Student's N	ann the individual signing	
this Statement of Educational Purpose and t	that the Federal student financial assistance nal purposes and to pay the cost of attending the University of	f
(Student's Signature)	(Date) For Office Use Only	,
(UMES ID #)	(2 a.c)	
,	Date Received	_
	Financial Aid Official	al
Financial Aid to verify his or her identity, the student r (a) A copy of the unexpired valid government-issued	iversity of Maryland Eastern Shore (UMES), Office of Student must provide to the institution: d photo identification (ID) that is acknowledged in the notary	
statement below, or that is presented to a notary. ID, or passport; and	r, such as, but not limited to, a driver's license, other state-issu	ued
	provided above, which must be notarized. If the notary statem of Educational Purpose, there must be a clear indication that ment notarized.	
Notary's Certifi	icate of Acknowledgement	
	(If Applicable)	
State of		
City/County of		
On, before me,		
(Date)	(Notary's name)	
personally appeared,	, and proved to me	
(Printed name of	f signer/student)	
on the basis of satisfactory evidence of identification _		
(Type of unexpir	red government-issued photo ID provided)	
to be the above-named person who signed the foregore WITNESS my hand and official seal (seal)	oing instrument.	
	signature) (Date)	
My commission expires on		

Fax: (410) 651 - 7670

(Date)