

2021-2022 STATEMENT OF EDUCATIONAL PURPOSE & CERTIFICATION OF IDENTITY



IN PERSON or VIDEO APPOINTMENT REQUIRED TO COMPLETE THIS FORM



Please call 978.542.8000 to schedule

By affixing my initials after each statement and my signature below, I certify the following to be true:	<u>Initial</u>
1. I will use federal or state student financial aid only to pay the costs associated with my attendance at Salem State University (SSU) in the 2021-2022 academic year.	
2. I understand that purposely providing false or misleading information to obtain student financial aid is a federal offense punishable by fines and imprisonment.	
3. I understand that the U.S. Secretary of Education has the authority to verify information used to apply for federal student aid with the Internal Revenue Service and other federal agencies.	
4. I understand that SSU has the authority to request documentation required to verify the accuracy of my financial aid application.	
5. If I sign any document related to the federal student aid programs electronically using a personal identification number (PIN), I certify that I am the person identified by the FSAid and I have not disclosed that id to anyone else.	
6. I am not in default on a federal student loan or I have made satisfactory arrangements to repay it.	
7. I will notify SSU if I default on a federal student loan.	
8. I do not owe money back on a federal student grant or I have made satisfactory arrangements to repay it.	
9. I will not receive a Federal Pell Grant from more than one school for the same period of time.	
10. I understand that to remain eligible to receive financial aid I must maintain Satisfactory Academic Progress toward the completion of my academic program.	
11. I understand that withdrawing, dropping or not attending my classes may lead to the reduction or cancellation of financial aid and that it is my responsibility to consult with the SSU Office of Financial Aid prior to changing my course load.	
12. I understand that SSU and the U.S. Department of Education will pursue collections efforts for cancelled or reduced aid that I received and to which I am not entitled.	



BEFORE YOU PROCEED PLEASE NOTE:

This form must be signed in the presence of either a Salem State Nav Center Administrator (SNC) or a Notary Public. If we receive it in any other condition it will be returned to you.



Print First Name _____

Print Last Name _____

Signature: _____

Date: _____

If you are meeting with an SNC Administrator to submit this form, please bring your original, valid, Government-issued photo ID.	If you use a Notary Public to officiate your signature, please mail this original form to us along with a copy of your original valid government issued photo ID.
SSU STAFF USE ONLY	NOTARY USE ONLY
ID Type: _____	State of: _____
ID Number: _____ Expires: _____	County of: _____
SNC Name: _____	This instrument was acknowledged before me on:
SNC Title: _____	By: _____
SNC Signature: _____ Date: _____	Signed: _____

Notary Seal

Return this form by mail to:

Salem State University
 Financial Aid
 Student Navigation Center
 352 Lafayette Street
 Salem, MA 01970

Questions?

Call us at 978.542.8000

In person: APPOINTMENT REQUIRED Please call 978.542.8000

NOTE: ANY DELAY IN RESPONDING OR RETURNING THIS FORM MAY RESULT IN LOSS OF FINANCIAL AID.