

2024-25 STATEMENT OF EDUCATIONAL PURPOSE & CERTIFICATION OF IDENTITY

Take this form to a notary public, DO NOT FILL OUT AHEAD OF TIME!!!

By affixing my initials after each statement and my signature below, I certify the following to be true:	Initials
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 2024-25 academic year.	
I understand that purposely providing false or misleading information to obtain student financial aid is a federal offense punishable by fines and/or imprisonment.	
I understand that the U.S. Department of Education has the authority to verify information used to apply for federal student aid with the Internal Revenue Service and other federal agencies.	
I understand that SSU has the authority to request documentation required to verify the accuracy of my financial aid application.	
I certify that I am the person identified by and who used the FSA ID to electronically sign any document related to the federal student aid programs.	
I am not in default on a federal student loan, or I have made satisfactory arrangements to repay it.	
I do not owe money back on a federal student grant or I have made satisfactory arrangements to repay it.	
I will not receive a Federal Pell Grant from more than one school for the same period of time.	
I understand that to remain eligible to receive financial aid I must maintain Satisfactory Academic Progress toward the completion of my academic program.	
I understand that withdrawing, dropping and/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.	
I understand that SSU and/or 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.	

Print First Name: _____

Print Last Name: _____

Signature: _____

Date: _____

ID: _____

Notary's Certificate of Acknowledgement

State of _____, City/County of _____, on _____, (Date) before me (Printed Notary's name), _____, personally appeared (Printed name of signer), _____, and proved to me on the basis of satisfactory evidence of identification (Type of unexpired government-issued photo ID provided) _____, to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal (seal)



Notary signature: _____

My commission expires on (Date): _____

Mail this original form along with a copy of the same government issued photo ID that you provided to:

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

Questions? Call us at 978.542.8000

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