# STATEMENT OF EDUCATIONAL PURPOSE & CERTIFICATION OF IDENTITY

By affixing my initials after each statement and my signature below, I certify the following to be true:

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 2014-2015 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 PIN and I have not disclosed that PIN 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.

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<table>
<thead>
<tr>
<th>Initial</th>
<th>Print Last Name</th>
<th>Print First Name</th>
<th>Student ID#</th>
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<tbody>
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Signature

Date

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### IF SUBMITTING IN PERSON

present this form with original valid government-issued photo ID.

To be completed by SSU Financial Aid Administrator:

- ID Type:
- ID Number:
- Exp:
- County of:
- FAA Name:
- FAA Title:
- FAA Signature:
- Date:

### IF SUBMITTING BY MAIL

send this form with photocopy of valid government-issued photo ID.

To be completed by Notary Public:

- State of:
- Exp:
- County of:
- FAA Name:
- This instrument was acknowledged before me on:
- FAA Title:
- by:
- FAA Signature:
- Date:
- Signed:

Notary Seal