STUDENT FINANCIAL AID
7600 FLOWER AVENUE ● TAKOMA PARK, MD 20912
301-891-4005 ● FAX: 301-560-5364
EMAIL: FINAID@WAU.EDU

WASHINGTON ADVENTIST UNIVERSITY

2021-2022

Statement of Education Purpose & Certification of Identity

This statement must be completed and signed in the presence of either a Washington Adventist University Student Financial Aid Counselor or a Notary Public.
Do NOT complete the form in advance.

Student Name: _____ **Student ID #:** _____
Print Name

STUDENT CERTIFICATION

By checking the following boxes and signing below, I certify the following to be true:

- ☐ I will use federal or state student financial aid only to pay the costs associated with my attendance at Washington Adventist University in the 2021-2022 academic year.
- ☐ I am not in default on a federal student loan or have made satisfactory arrangements to repay it.
- ☐ I do not owe money back on a federal student grant or have made satisfactory arrangements to repay it.
- ☐ I will notify Washington Adventist University if I default on a federal student loan.
- ☐ I will not receive a Federal Pell Grant from more than one school for the same period of time.
- ☐ I agree, if asked, to provide information that will verify the accuracy of my financial aid application. This information may include U.S. or state income tax forms that I filed or are required to file.
- ☐ I understand that Washington Adventist University has the authority to request documentation required to verify the accuracy of my financial aid application.
- ☐ 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.
- ☐ I understand that to remain eligible to receive financial aid I must maintain Satisfactory Academic Progress toward the completion of my academic program, the requirements for which are published in the university's bulletin.
- ☐ 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 Washington Adventist University Student Financial Services prior to changing my course load.
- ☐ I understand that Washington Adventist University and the U.S. Department of Education will pursue collections efforts for canceled or reduced aid that I received and to which I am not entitled.
- ☐ If I sign any document related to the federal student aid program 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.
- ☐ I understand that purposely providing false or misleading information to obtain student financial aid is a federal offense punishable by fines, imprisonment, or both.
- ☐ I certify that I am the individual signing this Statement of Educational Purpose.

Student Signature: _____ **Date:** _____

IF SUBMITTED IN PERSON **Present this form with original valid government-issued photo ID.** **To be completed by WAU Student Financial Aid Counselor**	**IF SUBMITTED BY MAIL** **Send this form with photocopy of valid government-issued photo ID.** **To be completed by Notary Public**
ID Type:	State of:
ID Number: Exp:	Country of:
FAA Name:	This instrument was acknowledged before me on (date):
FAA Title:	By (name): Commission Expires:
FAA Signature: Date:	Signed:

Seal