

Office of Financial Aid

220 Doberstein Admissions Center 320 N Dupont Highway New Castle, DE 19720

2025-2026 Identity and Statement of Educational Purpose

			W00	
Last Name	First	M.I.	9	Student I.D.
Address	City	State	Zip Code	Phone Number
Instructions: DO NOT	T SUBMIT WITHOUT A CO	PY OF YOUR ID (FR	ONT & BACK)	
	or Federal Student Aid (FAFSA dentity and sign a Statement			Department of Education. You are
identification (ID), such a a copy of your photo ID	as, but not limited to, a drive	er's license, other stat itution with the date	e-issued ID, or pa	valid government-issued photo assport. The institution will maintain and reviewed and the name of the
In addition, you must sig	gn, in the presence of the ins	titutional official, the	Statement of Ed	ucational Purpose provided below.
	-			e Identity and Statement of
				nmissioned expiration date (not a
accepted). In addition,		lington University via	OS Mail (faxed	or emailed submissions cannot be
	= -			ged in the notary statement below o state-issued ID, or passport; and
appears on a se	· · · · · · · · · · · · · · · · · · ·	nent of Educational P		notarized. If the notary statement ust be a clear indication that the
	Chahamaani	4 – 4		
	Statement	of Education	nal Purpos	se .
I certify that I	Statement		_	
Purpose and that the I	(Print Student's Name)	am th	e individual sig	
•	(Print Student's Name) Federal student financial a	am th	e individual sig	ning this Statement of Education e used for educational purposes
Purpose and that the land to pay the cost of (Student's Signature) Parent's signature (Require	(Print Student's Name) Federal student financial a	am the assistance I may receiversity for 2025-20 (Date)	e individual sig eive will only b 26.	ning this Statement of Education e used for educational purposes
Purpose and that the land to pay the cost of (Student's Signature) Parent's signature (Require	(Print Student's Name) Federal student financial as attending Wilmington Under the students) and for Dependent Students) quired to be in person or notarize	am the assistance I may receiversity for 2025-20 (Date)	e individual sig eive will only b 26.	ning this Statement of Education e used for educational purposes
Purpose and that the land to pay the cost of (Student's Signature) Parent's signature (Require [Parent signature is not require is not requi	(Print Student's Name) Federal student financial as attending Wilmington Under the students) and for Dependent Students) quired to be in person or notarize	am the assistance I may receiversity for 2025-20 (Date) (Date) (Date) (Date) (Date)	e individual sig eive will only b 26.	ning this Statement of Education e used for educational purposes
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My commission expires on _

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Notary form for students who are unable to appear in person only.

This form must be sent via U.S. mail to the Financial Aid Office or delivered in person if notarized. It cannot be faxed or emailed after notarization. The form <u>must</u> be notarized by a Notary Public, not by a limited governmental notary.

	ent Name	W00 Student I.D.			
Notary Public certifications may vary by State , before me,		Student I.D.			
	Notary Pub	otary Public Certificate of Acknowledgement			
	Notary	Public certifications may vary by State			
, before me,	State of				
(Printed name of the signer) ory evidence of identification	City/County of				
(Printed name of the signer) ory evidence of identification	On, befo	ore me,			
(Printed name of the signer) Ory evidence of identification	(Date)	(Notary Public's name)			
(Type of government-issued photo ID provided) ned person who signed the foregoing instrument.	personally appeared,	, and proved to m			
(Type of government-issued photo ID provided) ned person who signed the foregoing instrument. and official seal		(Printed name of the signer)			
ned person who signed the foregoing instrument. and official seal	on basis of satisfactory evidence of	of identification			
and official seal		(Type of government-issued photo ID provided)			
and official seal	to be the above-named person w	ha signed the foregoing instrument			
	to be the above-hamed person w	no signed the foregoing institutient.			
	WITNESS my hand and official se	al			
(Notary Public signature)	(seal)	u.			
	, ,	(Notary Public signature)			

(must have an expiration date)