

Office of Financial Aid

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

2025-2026 Identity and Statement of Educational Purpose

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Last Name	First	M.I.	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
Purpose and that the land to pay the cost of (Student's Signature) Parent's signature (Require [Parent signature is not require is not requ	(Print Student's Name) Federal student financial as attending Wilmington Under the first students) Fed for Dependent Students) For For - issue ID received, copied	am the assistance I may receiversity for 2025-20 (Date) (Date) (Date) (Date) (Date)	e individual signeive will only be 126. (Student's I	ning this Statement of Education e used for educational purposes



My commission expires on _

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

This form must be emailed 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.

Notary Public Certificate of Acknowledgemen Notary Public certifications may vary by State						
State of						
City/County of						
On	, before me,					
(Date)	·, , <u></u>	(Notary Public's name)			
personally appeared, _			, and proved to m			
	(Printed name of the	e signer)				
on basis of satisfactory	evidence of identification					
,			t-issued photo ID provided)			
to be the above-named	person who signed the fo	oregoing instrument.				
WITNESS my hand and (seal)	official seal					
,		(Notary Public sign	ature)			

(must have an expiration date)