OFFICE OF STUDENT FINANCIAL ASSISTANCE

621 Huntington Avenue Boston, MA 02115 T (617) 879-7849 F (617) 879-7880 financialaid@massart.edu



2022-2023 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

TO BE SIGNED AT THE INSTITUTION

STUDENT INFORMATION

 Last Name	First Name	Student ID	Date of Birth
 Street Address	City	State	ZIP
			Phone / E-Mail (Circle One)
Student's Phone Number	Student's E-Mail Address		Best Way to Contact Student
			Phone / E-Mail (Circle One)
Parent(s)' Phone Number (if applicable)	Parent(s)' E-Mail Address (if applicable)		Best Way to Contact Parent (if applicable)
l,	, ver	ify that the student named a	bove has appeared in person at the
	and Design and verified their identi		
(ID) such as, but not limited to,	a driver's license, or other state-issu	ed ID, or passport. A copy of	the student's photo ID is attached.
	I		Date of Review
	STATEMENT OF EDU	CATIONAL PURPOSE	
I certify that I,		, am the individual	signing this Statement of Educational
(Print Student's N	ame)		
Purpose and that the Federal s	student financial assistance I may re	eceive will only be used for ϵ	educational purposes and to pay the
cost of attending Massachuse	tts College of Art and Design for 2	2022-2023.	
Student's Signature	S	tudent ID No.	Date
Student's Signature	3	tudent ib No.	Date
	DECLARACIÓN DE PR	OPÓSITO EDUCATIVO	
Certifico que yo,		, soy el individuo	que firma esta <i>Declaración de</i>
	re del Estudiante)		
Finalidad Educativa y que la ay	ruda financiera federal estudiantil qu	ue yo pueda recibir, sólo sera	á utilizada para fines educativos y
para pagar el costo de asistir a	Massachusetts College of Art an	d Design para 2022-2023.	