## 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 WITH NOTARY

## 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)
NOTARY'S CERTIFICATE	OF ACKNOWLEDGEMENT		
State of	City/County of		
			, personally appeared,
			, personally appeared,
On ,(Date)	, before me,(Notary's Name)		, personally appeared, ctory evidence of identification
On ,(Date)	, before me, (Notary's Name) , and pro	ved to me on basis of satisfa	ctory evidence of identification
On ,(Date) (Print Student's Name)	, before me, (Notary's Name) , and pro to be the abo	ved to me on basis of satisfa	
On ,(Date) (Print Student's Name)	, before me, (Notary's Name) , and pro to be the abo	ved to me on basis of satisfa	ctory evidence of identification
On ,(Date) (Print Student's Name) (Type of government-issued photo)  WITNESS	, before me, (Notary's Name) , and pro to be the abo	ved to me on basis of satisfa	ctory evidence of identification
On ,(Date)  (Print Student's Name)  (Type of government-issued photo)	, before me, (Notary's Name) , and pro to be the abo	ved to me on basis of satisfa	ctory evidence of identification
(Print Student's Name) (Type of government-issued photo	, before me,, (Notary's Name), and pro to be the abo o ID provided)  Notary signature	ved to me on basis of satisfa	ctory evidence of identification

(seal)

(OVER) 1

## STATEMENT OF EDUCATIONAL PURPOSE

I certify that I,	at I, , am the individual signing this <i>Statement of Educa</i>			
(Print Student's Name	2)			
Purpose and that the Federal stud	dent financial assistance I may receive will only be used for educational	purposes and to pay the		
cost of attending <b>Massachusetts</b>	College of Art and Design for 2022-2023.			
Student's Signature	Student ID No.	Date		
	DECLARACIÓN DE PROPÓSITO EDUCATIVO			
Certifico que yo,	, soy el individuo que firma es	ta Declaración de		
(Imprimir Nombre d	el Estudiante)			
Finalidad Educativa y que la ayuda	a financiera federal estudiantil que yo pueda recibir, sólo será utilizada pa	ara fines educativos y		
para pagar el costo de asistir a <b>Ma</b>	assachusetts College of Art and Design para 2022-2023.			
Firma del Estudiante	Número de Identificación del Estudiante	la Fecha		