

UMA Office of Financial Aid 46 University Drive Augusta, ME 04330-9410

(207) 621-3412 or 1-877-862-1234 Fax: (207) 621-3384 or TTY: 1-800-316-3600

umafa@maine.edu

2023-2024 Identity and Statement of Educational Purpose (Complete in person)

This form must be signed in person at the University of Maine at Augusta or at a Center location. If you cannot appear in person you must instead complete the back page of this form in the presence of a notary.

Student's Name:	Student ID #:	
her identity by presenting valid government- driver's license, other state-issued ID, or U.S	versity of Maine at Augusta Office of Financial Aid to verify his or issued photo identification (ID), such as, but not limited to, a 5. passport. The institution will maintain a copy of the student's as received and the name of the official at the institution authorized	
In addition, the student must sign, in the pres Educational Purpose.	sence of the institutional official, the following Statement of	
STATEMENT OF EDUCATION PURPOSE		
(Print Student's Name) Purpose and that the federal student financial	am the individual signing this Statement of Educational l assistance I may receive will only be used for educational University of Maine at Augusta for the 2023-2024 academic year.	
Student's Signature:	Date:	
Office Use Only Date: Supervisor/FAA Name: Attach to this form a copy of the student's government issued idesign and date the copy.	entification. The identification must be presented in person and you may photocopy. You must also	



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2023-2024 Identity and Statement of Educational Purpose (To be signed with a Notary)

Student's Name:	Student ID #:	
If the student is unable to appear in person at the verify his or her identity, the student must provide	•	ce of Financial Aid to
(a) A copy of the valid government-issued photo statement below, such as but not limited to, a	· · · · · · · · · · · · · · · · · · ·	-
(b) The original notarized Statement of Education	nal Purpose provided below.	
STATEMENT	OF EDUCATION PURPOSE	C
I certify that I(Print Student's Name) Purpose and that the federal student financial assi purposes and to pay the cost of attending the University	stance I may receive will only be use	ed for educational
Student's Signature:	Date:	
NOTARY'S CERTIF	ICATE OF ACKNOWLEDG	EMENT
State of		
City/County of		
On, before me,		
(Date)	(Notary's name)	
personally appeared,(Print	ed name of signer)	, and provided to me on
basis of satisfactory evidence of identification	(Type of government-issued photo ID provided)	to be the
WITNESS my hand and official seal (seal)		
	(Notary signature	e)
My commission expires	s on(Date)	