



FRIENDS UNIVERSITY

Office of Financial Aid

Financial Aid Statement of Certification & Educational Purpose 2025-2026

Student's Full Name: _____ Student ID: N00_____

Email: _____@student.friends.edu Phone Number: () _____
(Friends Financial Aid will only respond to your student email)

DIRECTIONS TO COMPLETE THIS FORM: Complete this form in person with the Office of Financial Aid and bring with you a valid unexpired government-issued photo identification (i.e. driver's license, state issued photo identification or passport). If you are unable to appear in person then this form will need to be completed in front of a Public Notary. **Please provide a copy of the student's unexpired government-issued photo identification along with this form.** We will not accept this form if it is not completed in person at the Office of Financial Aid or by a Public Notary. Include your Student ID on all documents. ***This form along with the student's unexpired government-issued photo ID can only be accepted in person in the Financial Aid Office or by mail.***



- I understand that my financial aid awards are made based on need calculated from the information provided on the FAFSA, and that in order to calculate need; a budget is developed based on full time attendance and program. I also understand that need based aid requires that all sources of aid be reported and that the total of all awards not exceed calculated need.
- I acknowledge that I must inform the Financial Aid Office of changes to my enrollment status and of all funding I receive from other sources. I further acknowledge and understand that changes of this type may require adjustments to my financial aid awards.
- I understand that in order to be eligible for financial aid, I must be fully admitted as a regular student with no contingencies. Awards will be determined and tuition and fees will be deferred; however, nothing will be paid until contingencies are met.
- I understand that I must adhere to the Friends University Satisfactory Academic Progress Standards to gain or retain my eligibility for financial aid and meet all other criteria for any scholarship(s) received.
- I understand the disbursement process will deduct all debts owed to the College from my financial aid, including the Title IV funds. Funds I receive not subject to disbursement, I give the College permission to use these funds to pay my remaining debts. I understand that financial aid funds in excess of what I owe the college will be sent to me within 14 days of the college receiving it.
- I understand that if I receive any Federal Title IV funds (Pell Grant, Supplemental Opportunity Grant (SEOG), any Federal Direct Loans, or PLUS Loan) and withdraw or stop attending classes prior to completing at least 60% of the period in which I enrolled, I will be required to repay the unearned portion back to the federal program.
- I certify that I do not owe a refund on any grant nor am I in default on any loan, and I have not borrowed in excess of the loan limits under the Title IV programs at any institution.
- I certify that I have read and fully understand the requirements for financial aid and that I am responsible for the completeness and accuracy of the information I have provided.

Student's Signature: _____ Date: _____

Typed signatures cannot be accepted.



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Identity and Statement of Educational Purpose (To Be Signed at the Institution OR in Front of a Public Notary)

I certify that I _____ am the individual signing this
(Print Student's Name)

Statement of Educational Purpose and that the federal student financial assistance I may receive
will only be used for educational purposes and to pay the cost of attending
_____ for 2025-2026.

(Name of Postsecondary Educational Institution)

(Student's Signature) (Date)

N00

(Student's ID #)

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT (for those unable to appear in person)

State of _____ City/County of _____

On _____, before me, _____,
(Date) (Notary's Name)

personally appeared, _____,
(Printed Name of Signer)

and provided to me on basis of satisfactory evidence of identification

(Type of unexpired government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(Seal)

(Notary Signature)

My commission expires on _____
(Date)

FOR OFFICE USE ONLY: Staff must complete this section at the time of collecting this form.

FA Staff Name FA Rep Signature Date

A copy of Valid ID obtained? Yes Completed in FA Office? Yes No

If you purposely give false or misleading information, you may be fined \$20,000, sentenced to jail or both.