



## Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose  
(Print Student's Name)  
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 2019-2020.  
(Name of Postsecondary Educational Institution)

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

### School Certification (IF SUBMITTED IN PERSON ONLY)

\_\_\_\_\_  
Name of Institution Official

\_\_\_\_\_  
Signature of Institution Official

\_\_\_\_\_  
Date

**BOX B: If you are unable to appear in person at Dine' College, complete and sign this form in the presence of a Notary Public. Mail the original form with Notary's signature and seal or stamp to Office of Financial Aid & Scholarships.**

Attach a clear, readable copy of the student's government issued photo ID. (Driver's License, passport, military ID, etc.)

Is Copy of Photo ID Attached?  Yes  No (If "No" verification is incomplete.)

### Notary Public

In the State of \_\_\_\_\_ am city/county of \_\_\_\_\_ on (date) \_\_\_\_\_,

Before me (Notary's name) \_\_\_\_\_ personally appeared (student name) \_\_\_\_\_

and providing me on basis of satisfactory evidence identification (type of gov't issued photo ID) \_\_\_\_\_

to be the above named person who signed the foregoing instrument.

*Witness my hand and official seal:*

\_\_\_\_\_  
(Notary Signature)

My commission expires: \_\_\_\_\_

## SECTION 4: CERTIFICATION AND SIGNATURE

By signing this worksheet, I certify that all of the information reported on this worksheet is complete and correct

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Tsaile Campus

P.O Box C06  
Tsaile AZ, 86556  
Ph: (928) 724-6730/6731  
Fax: (928)724-6740

### Shiprock Campus

P.O Box 580  
Shiprock, NM 87420  
Ph: (505) 368-3511/3513/3515  
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