



# Statement of Educational Purpose & Proof of Identity 2020-2021

## Student Information

LAST NAME	FIRST NAME	MI	SIS STUDENT ID	DATE OF BIRTH

### Instructions:

Your 2020-2021 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. Federal regulations require the School of Medicine Office of Financial Aid to verify specific information you provided on your 2020-2021 FAFSA prior to awarding/disbursing financial aid. Therefore, you are required to submit this form and any supporting documents to the Office of Financial Aid for processing.

**INCOMING AND CURRENT CWRU MD AND PA STUDENTS:** Please upload the completed form and supporting documentation online by logging into the My Financial Aid Portal, clicking on the 'Menu' in the upper left corner, clicking on the documents and messages option to locate the **Statement of Educational Purpose** upload.

If you have any questions, please feel free to contact us at [medfinancialaid@case.edu](mailto:medfinancialaid@case.edu) or call 216-368-3666.

**STATEMENT OF EDUCATIONAL PURPOSE & PROOF OF IDENTITY**

You must provide BOTH:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that presented to a notary, such as, but not limited to, a driver’s license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, these must be a clear indication that the Statement of Educational Purpose was the document notarized.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this 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 Case Western Reserve University for 2020-2021.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

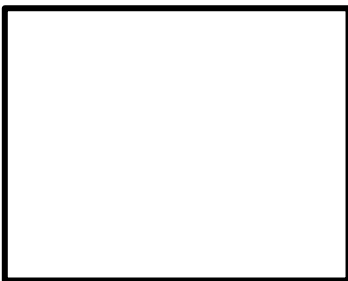
State of \_\_\_\_\_ City/County \_\_\_\_\_

On \_\_\_/\_\_\_/\_\_\_ before me, \_\_\_\_\_, personally appeared  
Notary’s Name

\_\_\_\_\_ and provided to me on the basis of satisfactorily evidence of identification  
Printed Name of Signer

\_\_\_\_\_ to be the above named person who signed the foregoing instrument.  
Type of Government –Issued ID Provided

WITNESS MY HAND AND OFFICIAL SEAL  
My commission expired on: \_\_\_/\_\_\_/\_\_\_



\_\_\_\_\_  
Notary’s Signature

\_\_\_\_\_  
Date