



I certify that I \_\_\_\_\_ am the individual signing  
(Print Student's Name)

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

AVE MARIA UNIVERSITY for 2026-2027.

(Name of Postsecondary Educational Institution)

\_\_\_\_\_

(Student's Signature)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Student's ID Number)

### Notary's Certificate of Acknowledgement

(Notary's certification may vary by State)

State of \_\_\_\_\_

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

On \_\_\_\_\_, before me, \_\_\_\_\_,

(Date)

(Notary's name)

personally appeared, \_\_\_\_\_, and proved to me

(Printed name of signer)

because 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)

*Submit in person to the Office of Financial Aid (Library, Room 366) or mail to:  
Office of Financial Aid- 5050 Ave Maria Blvd., Ave Maria Fl., 34142.*