Northeastern Illinois University Student Financial Wellness

5500 North Saint Louis Avenue ● D Building Room 200 ●Chicago, IL 60625-4699● 773-442-5016 ● Fax: 773-442-5040
Financial-aid@neiu.edu ● neiu.edu/financial-aid ● Check your financial aid status at neiuport.neiu.edu

2018-2019 Statement of Educational Purpose & Certification of Identity

This Statement must be completed and signed in the presence of either an NEIU Financial Assistance Administrator or a Notary Public. By placing my initials and signature below, I certify the following to be true:

Initial

_____ I will only use federal or state student financial assistance to pay the costs associated with my attendance at Northeastern Illinois University (NEIU) in the 2017-2018 academic year. NEIU may only apply $200 or less to charges that I owe for prior years.

_____ If I sign any document related to the federal student aid programs electronically using a Federal Student Aid Identification number (FSA ID), I certify that I am the person identified by the FSA ID and I have not disclosed that FSA ID to anyone else.

_____ I understand that NEIU has the authority to request documentation required to verify the accuracy of my financial assistance application.

_____ I have been advised to check my Financial Aid Requirements on a regular basis using NEIUport at www.neiuport.neiu.edu.

_____ Adjustments (increases/decreases) are made to my financial aid eligibility through the deadline for 90% refund published in the Schedule of Classes.

_____ I understand that withdrawing, dropping or not attending my classes may lead to the reduction or cancellation of financial aid eligibility and that it is my responsibility to consult with the NEIU Financial Aid Office prior to changing my course load.

_____ I understand that to remain eligible to receive financial assistance I must maintain Minimum Standards of Satisfactory Academic Progress toward the completion of my degree program.

_____ I understand that NEIU and the U.S. Department of Education will pursue collections efforts for cancelled or reduced aid that I received and to which I am not entitled.

REQUIRED SIGNATURE: I certify that I am the individual signing this Statement of Educational Purpose and that the federal and state student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Northeastern Illinois University for 2018-2019.

_____ _____

Student Signature NEIU ID#

IF SUBMITTING IN PERSON Present this form with original valid government-issued photo ID along with a copy of the photo ID (not expired) To be completed by NEIU Financial assistance Administrator	IF SUBMITTING BY MAIL Send this form with photocopy of valid government-issued photo ID To be completed by Notary Public
ID Type:	ID Type:
ID Number: Exp:	ID Number: Exp:
FAA Name:	This instrument was acknowledged before me on:
Date:	by:
FAA Signature:	Signature & Seal: