**2025-2026 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE**

**To be signed by a Notary**

To be eligible for Federal and State aid programs, this document must be submitted prior to your last date of attendance for the academic year (2025-2026).

If the student is unable to appear in person at the Office of Scholarships and Financial Aid at UW-Parkside to verify his or her identity, the student must provide:

1. A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver’s license, other state-issued ID, or passport

-and-

1. The original notarized Statement of Educational Purpose provided below.

**A. Student Information**

 XXX--XX-- / /

Student First Name Last Name Social Security Number Date of Birth

 ( )

Address City State ZIP Phone Number

**B. Statement of Educational Purpose-Completed by Student in front of Notary**

**Please PRINT!**

I certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the individual signing

print 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 the University of Wisconsin-Parkside for 2025-2026.

Student Signature (*required*) Date

**C. ID Submitted**

Check which type of ID you are submitting. Identification must be current (not expired).

 Driver’s License State-Issued ID Passport Other government issued photo ID

You must submit a copy of your identification to the Office of Scholarships and Financial Aid. You will submit a copy via:

 Fax: (262) 595-2216

US Mail: UW Parkside Office of Scholarships and Financial Aid

 900 Wood Road

 Kenosha, WI 53141

Email: finaid@uwp.edu

**D. Notary’s Certificate of Acknowledgement-Completed by Notary**

**Please PRINT!**

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

State in which Notary is located

City and County in which Notary is located

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personally appeared

Printed name of Notary

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and proved to me on basis of satisfactory evidence of identification:

Print name of signer in part B

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be the above-named person who signed the foregoing instrument.

Type of government-issued photo ID provided

***Space below reserved for official seal***

**WITNESS my hand and official seal**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary signature

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

 Date

***For Office Use Only:***

Document received by UW-Parkside authorized individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Print name*

Student’s ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit this form to OFFICE OF SCHOLARSHIPS & FINANCIAL AID**

**UW-Parkside, P.O. Box 2000, 900 Wood Rd., Kenosha, WI 53141 Fax: 262-595-2216 Ph: 262-595-2574**