



# STATEMENT OF EDUCATIONAL PURPOSE

Submit to: American International College Office of Financial Aid  
1000 State Street  
Springfield, MA 01109  
Fax: 413-205-3912  
Email: Financialaid@aic.edu

Student Name \_\_\_\_\_ Student Phone \_\_\_\_\_

Address \_\_\_\_\_

Student ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Identity and Statement of Educational Purpose  
(To Be Signed at the Institution in the presence of a Financial Aid Staff Member)**

You, (the student) must appear in person at American International College to verify your identity by presenting an unexpired, valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. AIC will maintain a copy of your photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student’s ID.

In addition, you (the student) must sign, in the presence of the institutional official, the following:

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and  
(Print Student’s Name)

that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending

\_\_\_\_\_ for \_\_\_\_\_.  
(Name of Postsecondary Educational Institution) (Academic Years)

\_\_\_\_\_  
Student’s Signature Date

\_\_\_\_\_  
Type of Identification Presented, and ID Number

\_\_\_\_\_  
Printed Name of Financial Aid Staff Member

\_\_\_\_\_  
Signature of Financial Aid Staff Member