

Student Financial Services

P.O. Box 400204, Carruthers Hall Charlottesville, VA 22904-4204 Telephone: (434) 982-6000 Website: http://sfs.virginia.edu

SOEP

Statement of Educational Purpose 2023-2024

Student's University ID:		
UVA Student's Full Name:		
(LEGAL NAME - PRINT) first	middle	last
In the presence of a notary, the student must sign the Statement of Educational Purpose provided below and present a valid, unexpired, government-issued photo identification (ID) such as, but not limited to, a driver's license, other state-issued ID, or passport. Alternatively, if you are on Grounds, you may visit Carruthers Hall to be provided an in-person version of this form during our business hours, Monday-Friday, 10am-4pm.		
I certify that I am the individual signing this Statement of		
(Print	Student's Name)	
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 Virginia for 2023-2024.		
STUDENT SIGNATURE		Date
STODENT SIGNATORE		Date
	ary's Certificate of Acknowledgem City/County of	
On , t	pefore me,	
(Date)	(Notary's name)	
personally appeared,		, and proved to me on
(Printed name of		
basis of satisfactory evidence of identification		
busis of successful evidence of fuerical	(Type of unexpired government-issued pho	nto ID provided)
to be the above-named person who sig		oto ib provided,
WITNESS my hand and official seal		
(seal)	(Notary signature)	
(scai)	(NC	otaly signature;
My commission expires on	Notary Registration Num	ber
☐ I have attached a copy of the iden	tity document I have reviewed, to be imaged	l along with this form.

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