



Student Name _____

OLLU ID# _____

2019-2020

STATEMENT OF EDUCATIONAL PURPOSE & CERTIFICATION OF IDENTITY

Financial Aid Office & Student Employment Office

This statement must be completed and signed in the presence of either an OLLU Financial Aid Administrator or a Notary Public

By affixing my initials and signature below, I certify the following to be true:

1. I will use federal or state financial aid only to pay costs associated with my attendance at Our Lady of the Lake University (OLLU) in the 2019-2020 academic year. _____
2. I understand that purposely providing false or misleading information to obtain student financial aid is a federal offense punishable by fines and imprisonment. _____
3. I understand that the U.S. Secretary of Education has the authority to verify information used to apply for federal student aid with the Internal Revenue Service and other federal agencies. _____
4. I understand that OLLU has the authority to request documentation required to verify the accuracy of my financial aid application. _____
5. If I sign any document related to the federal student aid programs electronically using federal student aid identification (FSA ID) I certify that I am the person identified by the federal student aid and I have not disclosed that (FSA ID) to anyone else. _____
6. I am not in default of a federal student loan or I have made satisfactory arrangements to repay it. _____
7. I will notify OLLU if I default on a federal student loan. _____
8. I do not owe money back on a federal student grant or I have made satisfactory arrangements to repay it. _____
9. I will not receive Federal Pell Grant from more than one school for the same period of time. _____
10. I understand that to remain eligible to receive financial aid I must maintain Satisfactory Academic Progress toward the completion of my academic program, the requirements for which are published in the financial aid data form. _____
11. I understand that withdrawing, dropping or not attending my classes may lead to the reduction or cancellation of financial aid and that it is my responsibility to consult with the OLLU Financial Aid Office prior to changing my course load. _____
12. I understand that OLLU and the U.S. Department of Education will pursue collection efforts for cancelled or reduced aid that I received and to which I am not entitled. _____

Print Name

Date

Student ID #

Signature

IF SUBMITTING IN PERSON

Present this form with original valid government-issued photo ID

To be completed by OLLU Financial Aid Administrator

ID Type _____

ID Number _____ Exp. _____

FAA Name _____

FAA Title _____

FAA Signature _____

IF SUBMITTING BY MAIL

Send this form with a photo copy of a valid government-issued photo ID to

Our Lady of the Lake University
Attention: Financial Aid Office
411 S.W. 24th Street
San Antonio, Texas 78207

To be completed by Notary Public

State of _____

County of _____

This instrument was acknowledged before me on _____

By _____

Signed _____

(SEAL)