



MANHATTAN COLLEGE

Financial Aid Administration
4513 Manhattan College Parkway
Miguel Hall Room 100
Riverdale, NY 10471

Phone: (718) 862-7100 Fax: (718)-862-8027 Web: www.sfs.manhattan.edu

Last Name: _____ First Name: _____ Student ID#: _____

Statement of Educational Purpose:

I _____, certify that I am the individual signing 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 for the cost of attending Manhattan College.

Student Signature: _____ Date: _____

When turning this form in you must also present valid government-issued, photo identification which will be copied by an authorized staff member and submitted, along with this form, to the Financial Aid Administration Office. Acceptable forms of identity includes driver's license, non-driver's license, a military identification or passport.