

School of Medicine, Office of Financial Aid

2023-24 Identity and Statement of Educational Purpose (To Be Signed In Person At The University)

Your 2023-24 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before disbursing Federal Student Aid, you must confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

WARNING: Anyone who purposely gives false or misleading information on this worksheet may be fined, sentenced to prison, or both.

Student's Printed Name_____
Student's ID Number**Instructions:**

The student must appear in person at **Johns Hopkins University School of Medicine** to verify his or her 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. The institution will maintain a copy of the student's 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, the student must sign, in the presence of the institutional official, the following statement of educational purpose:

Statement of Educational Purpose

I certify that I, _____ am the individual signing this Statement of Educational Purpose and that the
(Print Student's Name)

federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **Johns Hopkins University School of Medicine** for 2023-24.

Certification and Signatures

Each person signing this worksheet certifies that all the information reported on it is complete and correct. This worksheet must be signed by the student.

Student Signature_____
Date

Financial Aid Office Staff Use Only Below This Line

Verification of Government Issued ID:

Driver's License

Non Driving State ID

Passport

Staff Initials_____
Date