Email: kcadfinaid@ferris.edu

## 2025-2026 IDENTIFICATION/STATEMENT OF EDUCATIONAL PURPOSE

Documents <u>MAY ONLY</u> be submitted via U.S. Mail, FAX, or Secure Document Upload. To upload documents: Login to Ferris360; search for "Secure Document Upload". <u>EMAILED DOCUMENTS ARE NOT SECURE AND WILL NOT BE ACCEPTED.</u>

FSU Office of Scholarships & Financial Aid 1201 S. State Street, CSS 101, Big Rapids, MI 49307 Phone: 231 591-2110 Fax: 231 591-2950

Email: finaid@ferris.edu

Kendall College of Art & Design 17 Fountain Street NW, Grand Rapids, MI 49503 Phone: 616 451-2787 Fax: 616 831-9689

FIRST NAME MIDDLE LAST

Phone Number Student ID #

Permanent Address (include Apt. Number) City State Zip Code

STUDENT INSTRUCTIONS: If you are unable to appear in person at Ferris State University Main Campus or Kendall College of Art & Design, then please print this form and take it to a licensed notary public with one of the forms of acceptable identification listed below. Do not fill out or sign this form until you are in the presence of the notary public. Once this form has been notarized, you must mail the form AND a photocopy of the identification you presented to the Notary Public, to: Ferris State University Office of Scholarships and Financial Aid, 1201 S State Street, CSS101, Big Rapids, MI 49307. Student is responsible for any applicable notary fees. THIS FORM MAY NOT BE FAXED OR EMAILED.

ACCEPTABLE FORMS OF IDENTIFICATION: NOTE - "VALID" MEANS CURRENT, NOT EXPIRED.

- Valid Driver's License with photo
- Valid passport with photo
- Valid Permanent Resident Card with photo
- Valid State Identification Card with photo

## **Statement of Educational Purpose**

| I certify that I   | am the indiv                           | am the individual signing this |                              |  |
|--|--|--------------------------------|------------------------------|--|
| (Print Student's Name)   |  | -                              |                              |  |
| Statement of Educational Purpose and the purposes and to pay the cost of attending |  | -                              | be used for educational      |  |
| (Student's Signature)  | (Date)                                 | (Student's ID Number)          |                              |  |
| ********   | ************************************** |                                | *******                      |  |
| State of   | City/County of                         |                                |                              |  |
| (Date)   | ne                                     | arsonally anneared             | and proved                   |  |
| On, before me,(Printed N   | lame of Notary)                        | (Printed Name of Signer)       | , and proved                 |  |
| to me on basis of satisfactory evidence of identification                          | (Type of government-issued photo ID p  |                                | ed the foregoing instrument. |  |
| WITNESS my hand and official seal  | Notary Signature                       |                                | Date                         |  |
|  | My commission expires on               |                                |                              |  |