2023-2024
Statement of Certification and Educational Purpose

NAME #_____   Student ID: **W00**_____

              (Print Name)

Please read this form carefully. If you are receiving or anticipating receiving federal aid, state aid, Institutional grants or scholarships please sign below and return this form to the Financial Aid Office.

- I understand that my financial aid awards are made based on need calculated from the information provided on the FAFSA, and that in order to calculate need; a budget is developed based on full time attendance and program. I also understand that need based aid requires that all sources of aid be reported and that the total of all awards not exceed calculated need.

- I acknowledge that I must inform the Financial Aid Office of changes to my enrollment status and of all funding I receive from other sources. I further acknowledge and understand that changes of this type may require adjustments to my financial aid awards.

- I understand that in order to be eligible for financial aid, I must be fully admitted as a regular student with no contingencies. Awards will be determined and tuition and fees will be deferred; however, nothing will be paid until contingencies are met.

- I understand that I must adhere to the WSU Tech Satisfactory Academic Progress Standards to gain or retain my eligibility for financial aid and meet all other criteria for any scholarship(s) received.

- I understand the disbursement process will deduct all debts owed to the College from my financial aid, including the Title IV funds. Funds I receive not subject to disbursement, I give the College permission to use these funds to pay my remaining debts. I understand that financial aid funds in excess of what I owe the college will be sent to me within 14 days of the college receiving it.

- I understand that if I receive any Federal Title IV funds (Pell Grant, Supplemental Opportunity Grant (SEOG),any Stafford Loans, or PLUS Loan) and withdraw or stop attending classes prior to completing at least 60% of the period in which I enrolled, I will be required to repay the unearned portion back to the federal program.

- I certify that I do not owe a refund on any grant nor am I in default on any loan, and I have not borrowed in excess of the loan limits under the Title IV programs at any institution.

- I certify that I have read and fully understand the requirements for financial aid and that I am responsible for the completeness and accuracy of the information I have provided.

SIGNATURE _____   DATE_____

Please submit all documents to:
Financial Aid Office
WSU Tech
4004 N Webb Rd
Wichita, KS 67226

(OVER)

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(To Be Signed at the Institution)

The student **must appear in person** at WSU Tech 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

I certify that I _____ am the individual signing this
                (Print Student's Name)
Statement of 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
_____ for 2023-2024.
(Name of Postsecondary Educational Institution)

_____ _____
(Student's Signature)   (Date)

_____
(Student's ID Number)

***If unable to appear in person, complete Notary's Certificate of Acknowledgement

State of _____ City/County of _____
On_____, before me, _____,
          (Date)   (Notary's name)
personally appeared, _____,
                  (Printed name of signer)
and provided to me on basis of satisfactory evidence of identification

_____
(Type of government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(seal)
                                  _____
                                       (Notary signature)

My commission expires on_____
                                           (Date)