

Financial Aid Office 360 Choate Avenue Buffalo, NY 14220 716.826.1200

First Name:	Last Name:	Student ID
Instructions		
provide a valid, original government passport, or other state-issued ID.	nt issued photo identificati Trocaire College will take a	er before your financial aid can disburse. You must fon, such as, but not limited to, a driver's license, photocopy of your ID and you can complete section 1 at t come to campus, you may complete section 1 and 2 with
Section 1: Student Certification	on – Statement of Educ	ational Purpose
I certify that I,		, am the individual signing this
Statement of Educational Purpos	(Print Student Name) se and that the federal st	udent financial assistance I may receive will only be nding Trocaire College for the 2024-2025 academic
Student Signature:(Ca	nnot be typed)	Date:
Financial Aid Administrator's Sig	nature:	Date:
You must attach a legible p	photocopy of the front and	ry's Certificate of Acknowledgement back of ID presented in notary statement below.
On , before	ne,	personally appeared,
(Date)	(Notary's	
(Printed Student's Name)	, and provided	to me on basis of satisfactory evidence of
,	to be the above	name person who signed the forgoing instrument.
(Type of Govt Issued Ph		,
WITNESS my hand and official seal		Notary Signature:
(seal)		My Commission expires on: