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Student's Last Name	Student's First Name	Student's M.I.	Student's MGH IHP ID #
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Student's Email Address	Student's Phone Number	Student's Date of Birth
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**This Statement of Educational Purpose is ONLY to be completed in person at the Institution or in front of a Notary.**

**Identity and Statement of Educational Purpose  
(Signed in person at the Institution)**

The student must appear in person at the MGH Institute of Health Professions 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

**In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.**

**Identity and Statement of Educational Purpose  
(To Be Signed in the Presence of a Notary)**

If the student is unable to appear in person at the MGH Institute of Health Professions to verify his or her identity, the student must provide to the institution:

- (a)** A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b)** The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.



**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 the cost of attending the MGH Institute of Health Professions for 2024–2025.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MGH IHP Student ID Number

\_\_\_\_\_  
Financial Aid Administrator’s Signature

\_\_\_\_\_  
Date

**Notary’s Certificate of Knowledge**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ On \_\_\_\_\_ (date)  
before me, \_\_\_\_\_ personally appeared, \_\_\_\_\_, and  
proved to me on basis of satisfactory evidence of identification \_\_\_\_\_ (type  
of government-issued photo ID provided) to be the above-name person who signed the foregoing instrument.

**WITNESS my hand and official seal below:**

\_\_\_\_\_  
Notary’s Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Commission Expires

**(Place Seal Below)**