

Identity and Statement of Educational Purpose

East Central University Financial Aid Office 1100 E. 14 St. PMB A-8

Ada, OK 74820 Phone: 580-559-5243 Fax: 580-559-5638

Last Name	First Name	M.I.	SSN or ECU Student ID
unexpired valid g state-issued ID, c by the Institution	overnment-issued phot iden or passport. The Institution	tification (ID), such as, but r will maintain a copy of the ed and reviewed, and the r	his or her identity by presenting an not limited to, a driver's license, other student's photo ID that is annotated name of the official at the Institution
In addition, the s Purpose provided	•	esence of the institution o	fficial, the Statement of Educational
	s shown proof of identity Attach copy of photo ider	•	entification such as a driver's license or
East Central Univer	rsity Financial Aid Office Representa	tive Signature Date	
		Statement of Educational I	Purpose
I certify that I,		, am the	individual signing this Statement of Educational
• -			will only be used for educational purposes and
to pay the cost o	f attending East Central Univ	rersity for 2022-2023.	
Student's Signature - Student's ID Number			Date