STATEMENT OF EDUCATIONAL PURPOSE

I, ________________________________ (full name), understand any federal financial aid monies I receive is required to be used for the cost of education at the University of Nebraska Medical Center (UNMC).

_________________________
Name of UNMC Student

_________________________
Date signed

ACKNOWLEDGMENT

STATE OF NEBRASKA    
)  
: ss.
County of __________  
)

On the ____ day of _____________, _____, before me, the undersigned Notary Public, personally appeared ______________________, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have set my hand and seal the day and year as above written.

_____________________________________
Notary Public for Nebraska

Residing at ___________________________
Commission Expires: ____________________