STATEMENT OF EDUCATIONAL PURPOSE

I certify that I, _____ (full name), the individual signing this Statement of Educational Purpose, understand and acknowledge that the federal student aid I receive will only be used for the Cost of Education at the University of Nebraska-Medical Center (UNMC) for the 2018-2019 aid year.

_____
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: _____