



FINANCIAL AID & SCHOLARSHIPS OFFICE
1000 East Victoria Street
Carson, California 90747
(310) 243-3691

Student's Name: _____ CSUDH ID#: _____

2024-2025 Identity and Statement of Educational Purpose

IMPORTANT: You must sign this document in-person at the Financial Aid & Scholarships Office. Please visit the Toro Welcome and Information Center in Welch Hall 245 to verify your 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 U.S. passport. If you are unable to appear in person, please contact the Financial Aid & Scholarships Office for information on how to complete this requirement.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of
(Print Name)
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 California State University, Dominguez Hills for 2024-2025.

Student's Signature

Date

WARNING: Per the U.S. Department of Education, if you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

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For Office Use Only

Financial Aid & Scholarships Office Staff: _____ Date: _____

Type of valid ID reviewed: _____

Expiration Date: _____ Document Number: _____