



2024–2025 STATEMENT OF EDUCATIONAL PURPOSE

Instructions:

- If you are able to appear **in person** at the Culinary Institute of America Student Financial and Registration Services Office, please complete the Statement of Educational Purpose in the presence of a Student Financial Planner.
- **If you are unable to appear in person, this form must be notarized and the original forwarded to: The Culinary Institute of America, Student Financial Planning, 1946 Campus Drive, Hyde Park, NY 12538.**
- This form is not valid without sections A and B or sections A and C completed by the appropriate parties.
- You are required to present valid government-issued identification to the notary or a Student Financial Planner such as, but not limited to, state-issued driver’s license, state-issued identification card, a U.S. passport, or U.S. passport card.

Section A: Student must complete in the presence of a CIA Student Financial and Registration Services Advisor or Notary.

Statement of Educational Purpose

I certify that I (please print Student’s Name), _____, 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 CULINARY INSTITUTE OF AMERICA for 2024–2025.

Student Signature: _____ Date: _____

Student ID: _____

Section B: CIA Student Financial and Registration Services USE ONLY

Government ID Type Presented: State-issued Driver’s License State-issued ID Card U.S. Passport

CIA Financial Aid Official Signature: _____ Date: _____

CIA Financial Aid Official Name (*Printed*): _____

Section C: NOTARY USE ONLY

Notary’s Certificate of Acknowledgement

State of _____ City/County of _____ On (date) _____, before me (Notary’s Name) _____, personally appeared (Printed Name of signer) _____, and provided to me on basis of satisfactory evidence of identification (type of government-issued photo ID provided) _____ to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal)

Notary Signature: _____

My commission expires on (date): _____