



STATEMENT OF EDUCATIONAL PURPOSES

Financial Aid Department

By signing this statement, I certify that...

1. I will use federal aid only to pay the cost of attending Oral Roberts University.
2. I and/or my parents (*if dependent student*) are not in default on a federal student loan.
3. I do not owe money back on a federal student grant.
4. I and/or my parents (*if dependent student*) will notify Oral Roberts University if I/we default on a student loan.

Name: _____ Student ID#: Z _____

Date: _____