UNIVERSITY OF ILLINOIS CHICAGO – Office of Student Financial Aid and Scholarships 1200 W. Harrison Street, M/C 334 Chicago, Illinois 60607-7163 Phone: (312) 996-3126 College of Medicine: 808 S. Wood Street, M/C 782 Chicago, Illinois 60612-7301 Phone: (312) 413-0127 2023-2024 Statement of Educational Purpose and High School Completion Status Section A – Student Information (Please print clearly)					
ast Name	First Name	M.I.		Email	
Section B – Sta	atement of Education	al Purpose			
purposes and to pay	(Print Name) and that the Federal stude the cost of attending the <u>Ur</u> ed a copy of a government	niversity of Illinois at	<u>Chicago (UIC)</u> for 2		educational
Student's Signature))		(Date)		
<u>or convenience, y</u>	ou can add a copy of you	<u>r government issue</u>	d photo identifica	tion card in the s	space below.
ENTER YOUR 9-	DIGIT UIN				- T -7