

Statement of Identity and Educational Purpose

Student ID Number:	
Student Name:	Phone Number:
Form must be completed in blue or black ink. Failure to accurately complete this form may result in a delay of processing or change of financial aid eligibility. Additional documentation may be requested. Read instructions carefully before completing.	
	L: Identity D AT THE FINANCIAL AID OFFICE
You must appear in person at	Financial Aid Office to verify your
(Name of identity by presenting a valid unexpired government)	of institution)
Type of documentation submitted:	
Designated institutional official:	

(School official's printed name)

Student ID Number: S	
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Section 2: Statement of Educational Purpose MUST BE COMPLETED & SIGNED AT THE FINANCIAL AID OFFICE

,,	resence of the institutional official, the	following:
I certify that I	am the	individual signing this
,(Studen	am the t's printed name)	5 5
Statement of Educational Pur	pose and that the federal student fina	ncial assistance
I may receive will only be used	l for educational purposes and to pay t	the cost of attending
		for 2024-2025.
	(Name of institution)	
Student Signature:		Date:
	Notary Section Instructions: Ple	ease Read
This section should only be complet	ed if you are unable to appear in persor	at the institution with a designated
	nich the seal is visible) should be mailed	
institution along with a copy of the g	-	,
3 1,	•	
	Notary's Certificate of Acknowledgm	
	Notary's Certificate of AcknowledgmCity/County	
State of	City/County	
State of		
State of	City/County of , before me(No	
State of On(Date)	City/County of , before me(No	ntary's name)
State of On(Date) Personally appeared	City/County of , before me(No (Printed name of signer)	ntary's name)and proved to me on the basis of
State of On(Date)	City/County of , before me(No	tary's name)and proved to me on the basis ofto be the above-named
State of On(Date) Personally appeared	City/County of , before me(No (Printed name of signer)	tary's name)and proved to me on the basis ofto be the above-named
State of On(Date) Personally appeared	City/Countyof , before me(No	ntary's name)and proved to me on the basis ofto be the above-named
State of On(Date) Personally appeared	City/Countyof , before me(No	tary's name)and proved to me on the basis ofto be the above-named provided)
State of On(Date) Personally appeared	City/Countyof , before me(No) (Printed name of signer) (Type of unexpired government-issued ID) My commission expires on	tary's name)and proved to me on the basis ofto be the above-named provided)