## 2024-2025 Identity and Statement of Educational Purpose

Student's Last Name	Student's First Name	MI	Student's SSN or ID Number	
Student's Email Add	dress Student's Pho	one Number	Student's Date of Birth	
This Statement of Educationa	Il Purpose is <u>ONLY</u> to be complete	ed in person at the	Institution or in front of a Notary.	
	Identity and Statement			
(Complete this section	and the Statement of Educational Pr	urpose provided be	low if signing in person at the Institution)	
The student must appear in per	son at(Na	me of Postseconda	ry Education Institution)	
driver's license, other state-issu	presenting an unexpired valid governated ID, or passport. The institution we deceived and reviewed and the name	nment-issued photo ill maintain a copy of the official at th	o identification (ID), such as, but not limited to, a of the student's photo ID that is annotated by the e institution authorized to receive and review the	
(Complete this section and the	Identity and Statement Statement of Educational Purpose p sign in person a	rovided below if sig	rpose ning in the presence of a Notary only if unable to	
If the student is unable to appear	ar in person at	Name of Destages	ndary Education Institution)	
to verify his or her identity, the s	) student must provide to the institution		indary Education Institution)	
(a) A copy of the unexpire or that is presented to	ed valid government-issued photo id	entification (ID) tha a driver's license, c	t is acknowledged in the notary statement below other state-issued ID, or passport; and e notarized.	
	Educational Purpose was the docun		Educational Purpose, it must include: a clear a description of the unexpired valid government-	
	sign, in the presence of the institu	itional official or n	notary the Statement of Educational Purpose	
provided below.	Otatam and of Ed		_	
1 - a - utifi , the at 1	Statement of Ed	ucational Purpose		
I certify that I	(Print Student's Name)	am the individual signing this Statement of Educational Purpose udent's Name)		
	nt financial assistance I may receive	will only be used for	r educational purposes and to pay the cost of	
attending			for 2024-2025.	
	(Name of Postsecondary E	ducational Institutio	n)	
(Student's S	ignature) (	Date)	(Student's ID Number)	
(Financial Aid Administrator's Signature)			Date	
	Notary's Certificate	of Acknowledgen	nent	
State of	•		On	
before me,	Name) personally appeared,			
			(Printed name of signer)	
, and proved to me on basis of	satisfactory evidence of identificatio		of government-issued photo ID provided)	
To be the above-named perso	n who signed the foregoing instrume		gotoniment located prioto in provided)	
WITNESS my hand and offic	ial seal			
	(Notary Sig	gnature)	(Date Commission Expires)	
(Seal)				