

Solano Community College Office of Financial Aid

2016-2017 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

| Student Name | Student ID # |
|--|---|
| Identity and Stateme | ent of Educational Purpose |
| (To Be Signe | d at the Institution) |
| | nunity College to verify his or her identity by presenting as, but not limited to; a driver's license, State-issued ID, or |
| | oto ID that is annotated with the date it was received and the ect the student's ID. In addition, the student must sign, in the |
| Statement of E | Educational Purpose |
| I certify that I(Print Student's Name) Statement of Educational Purpose and that the federa for educational purposes and to pay the cost of attend | am the individual signing this Il student financial assistance I may receive will only be used ling Solano Community College for 2016-2017. |
| (Student's Signature) | (Date) |
| (Student's ID Number) | |
| Attn: Faxed copies will not be a | accepted. Originals must be submitted. |
| | CE USE ONLY |
| Verified by: | Accepted Denied Delayed |
| Date: | Comment: |



Solano Community College

Office of Financial Aid

Identity and Statement of Educational Purpose (To Be Signed With Notary)

If the student is unable to appear in person at Solano Community College to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

| I certify that I | | am the individual signing this Statement of Educational |
|-----------------------|--------------------------------------|---|
| | | |
| | | ial assistance I may receive will only be used for f attending Solano Community College for 2016-2017. |
| | | |
| (Student's Signature) | | (Date) |
| (Student's ID Number) | | |
| Notary's Certificate | of Acknowledgeme | ent |
| State of | | |
| City/County of | | |
| On | , before me, | , |
| (Date) | | (Notary's name) |
| Personally appeared, | | , and provided to me on basis of |
| satisfactory evidence | (Printed name of s of identification | igner) |
| | (Тур | e of government-issued photo ID provided) d the foregoing instrument. |
| WITNESS my hand a | nd official seal | |
| (seal) | | (Notary signature) |
| My commission expire | es on | |
| m, commodon expire | (Date | <u> </u> |
| | | |

Attn: Faxed copies will not be accepted. Originals must be sumitted.