

**SOUTHEASTERN COMMUNITY COLLEGE
FINANCIAL AID OFFICE**

2023-2024 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (To Be Signed at the Institution)

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will require certain information to be provided to the school. You must complete and sign this worksheet, and submit the form and other required documents to the school. We may ask for additional information. If you have questions about verification, contact the Financial Aid Office as soon as possible so that your financial aid will not be delayed.

STUDENT'S NAME: _____ Student ID or SSN: _____

The student must appear in person at **SOUTHEASTERN COMMUNITY COLLEGE** to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following English or Spanish Statement:

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)
Statement of Educational Purpose and that the Federal student financial assistance
I may receive will only be used for educational purposes and to pay the cost of attending
SOUTHEASTERN COMMUNITY COLLEGE for 2022-2023.

ATTENTION: You must sign in person in the Financial Aid Office.

(Student's Signature and Date)

(Student's ID Number)

Declaración de Propósito Educativo

Certifico que yo, _____, soy el individuo que firma esta
[Imprimir Nombre del Estudiante] Declaración de Finalidad Educativa y que la ayuda financiera federal
estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir
a _____ para 2023-2024.
[Imprimir Nombre de Institución Educativa Postsecundaria]

[Firma del Estudiante] [la Fecha]

[Número de Identificación del Estudiante]

WITNESS:

SCC Financial Aid Staff

Type of Government Issued Photo ID Received

Date

FINANCIAL AID OFFICE USE ONLY

Received Statement and Copy of Valid ID

Received Date: _____

Received By: _____

IF YOU ARE UNABLE TO APPEAR IN PERSON AT SCC, YOU MAY COMPLETE THE REVERSE SIDE OF THIS FORM WITH A NOTARY

If this document is not accessible, contact Disability Services at 910.788.6327, disabilityservices@scnc.edu, or in A-124.

2023-2024 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (To Be Signed With Notary)

STUDENT'S NAME: _____ Student ID or SSN: _____

If the student is unable to appear in person at **SOUTHEASTERN 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 (in English or Spanish) provided below:

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)
Statement of Educational Purpose and that the Federal student financial assistance
I may receive will only be used for educational purposes and to pay the cost of attending
SOUTHEASTERN COMMUNITY COLLEGE for 2023-2024.

(Student's Signature) (Date)

(Student's ID Number)

Declaración de Propósito Educativo

Certifico que yo, _____, soy el individuo que firma esta
[Imprimir Nombre del Estudiante]

Declaración de Finalidad Educativa y que la ayuda financiera federal estudiantil que yo pueda recibir,
sólo será utilizada para fines educativos y para pagar el costo de asistir a
_____ para 2023-2024.
[Imprimir Nombre de Institución Educativa Postsecundaria]

[Firma del Estudiante] [la Fecha]

[Número de Identificación del Estudiante]

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On today's date, _____, before me, (Notary's name, _____,

personally appeared, _____, and proved to me

(Printed name of signer)

on basis of satisfactory evidence of identification _____ (Type of government-issued photo ID
provided) to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal _____ (Notary signature and Seal)

My commission expires on _____
(Date)