



## 2023-2024 Identity and Statement of Education Purpose

Student Name: \_\_\_\_\_

CVCC Student ID: \_\_\_\_\_

This form must be signed in person at the CVCC Office of Scholarships and Financial Aid (OSFA), or in the presence of a notary if the student is unable to appear on campus.

The student must appear in person at CVCC 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. A copy of the student's photo ID must be included with this form. In addition, the student must complete and sign, in the presence of the institutional official, the Statement of Educational Purpose below.

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

- 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
- The original notarized Statement of Educational Purpose provided below.

Please note: The OSFA cannot accept a photocopied or faxed copy of this document. The original document must be submitted to the OSFA in person or by mail.

### Statement of Educational Purpose

I certify that I, \_\_\_\_\_, am the individual signing this Statement of Educational Purpose and the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending CVCC for 2023-2024.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Notary's Certificate of Acknowledgement

State of \_\_\_\_\_ City/County of \_\_\_\_\_ On  
(Date) \_\_\_\_\_, before me, (Notary's name) \_\_\_\_\_,

personally appeared, (Printed name of signer) \_\_\_\_\_, and provided to me on basis of satisfactory evidence of identification (Type of government-issued photo ID provided) \_\_\_\_\_ to be the above named-person who is signing the foregoing instrument.

### WITNESS my hand and official seal

(Notary signature) \_\_\_\_\_

My commission expires on (Date) \_\_/\_\_/\_\_

### For Office Use Only

Sign below if the student signed this form in your presence and provided a valid identification

Financial Aid Administrative Signature: \_\_\_\_\_

Date: \_\_\_\_\_