



Beaufort County Community College

Office of Financial Aid

5337 Highway 264 East Washington, NC 27889

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2019-2020

Identity & Statement of Educational Purpose

(To Be Signed at the Institution)

Student Name: _____ Student ID: _____

The student must appear in person at Beaufort County Community College to verify his or her identity by presenting an unexpired 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 receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose 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 Beaufort County Community College for 2019-2020.

(Student's Signature)

(Date)

(Student's ID Number)

FOR FA OFFICE USE ONLY

Financial Aid Administrator

Date

Student Name: _____ Student ID: _____

**2019-20 Identity and Statement of Educational Purpose
(To Be Signed in the Presence of a Notary and Mailed to the Financial Aid Office)**

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

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

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 Beaufort County Community College for 2019-2020.

(Student's Signature)

(Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,
(Date) (Notary's Printed Name)

personally appeared, _____, and provided 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

(seal)

Notary Signature

My commission expires on _____
(Date)