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2023-2024

Identity & Statement of Educational Purpose

Student Name:	Student ID:
lde	entity and Statement of Educational Purpose
	(To Be Signed at the Institution)
unexpired valid government-issued pho ID, or passport. The institution will main	reaufort County Community College to verify his or her identity by presenting an obto identification (ID), such as, but not limited to, a driver's license, other state-issued ntain a copy of the student's photo ID that is annotated by the institution with the the name of the official at the institution authorized to receive and review the
In addition, the student must sign, in th provided below.	e presence of the institutional official, the Statement of Educational Purpose
	Statement of Educational Purpose
I certify that I	am the individual signing this
	(Print Student's Name)
	pose and that the federal student financial assistance I may receive will purposes and to pay the cost of attending Beaufort County Community
(Student's ID Number)	-
(Student's ID Number)	
FOR FA OFFICE USE ONL	Y
Financial Aid Administrator Date	<u></u> e

tudent Name:	Student ID:
Ide	entity and Statement of Educational Purpose
((To Be Signed in the Presence of a Notary)
the student is unable to appear in pe	erson at Beaufort County Community College to verify his or her identity, the studen
ust provide to the institution:	
	government-issued photo identification (ID) that is acknowledged in the notary esented to a notary, such as, but not limited to, a driver's license, other state-issued
appears on a separate page tha	cational Purpose provided below, which must be notarized. If the notary statement an the Statement of Educational Purpose, there must be a clear indication that the cose was the document notarized.
	Statement of Educational Purpose
I certify that I	am the individual signing this
,	(Print Student's Name)
	rpose and that the federal student financial assistance I may receive will purposes and to pay the cost of attending Beaufort County Community
only be used for educational	rpose and that the federal student financial assistance I may receive will
only be used for educational College for 2023-2024. (Student's Signature)	rpose and that the federal student financial assistance I may receive will purposes and to pay the cost of attending Beaufort County Community
only be used for educational College for 2023-2024. (Student's Signature) (Student's ID Number)	rpose and that the federal student financial assistance I may receive will purposes and to pay the cost of attending Beaufort County Community
only be used for educational College for 2023-2024. (Student's Signature) (Student's ID Number)	rpose and that the federal student financial assistance I may receive will purposes and to pay the cost of attending Beaufort County Community (Date)
only be used for educational College for 2023-2024. (Student's Signature) (Student's ID Number) Note	rpose and that the federal student financial assistance I may receive will purposes and to pay the cost of attending Beaufort County Community (Date)
only be used for educational College for 2023-2024. (Student's Signature) (Student's ID Number) Nota	rpose and that the federal student financial assistance I may receive will purposes and to pay the cost of attending Beaufort County Community (Date) ary's Certificate of Acknowledgement
only be used for educational College for 2023-2024. (Student's Signature) (Student's ID Number) Nota	rpose and that the federal student financial assistance I may receive will purposes and to pay the cost of attending Beaufort County Community (Date) ary's Certificate of Acknowledgement
only be used for educational College for 2023-2024. (Student's Signature) (Student's ID Number) Nota State of City/County of On(Date)	rpose and that the federal student financial assistance I may receive will purposes and to pay the cost of attending Beaufort County Community (Date) ary's Certificate of Acknowledgement before me, (Notary's Printed Name)
only be used for educational College for 2023-2024. (Student's Signature) (Student's ID Number) Nota State of City/County of On(Date)	rpose and that the federal student financial assistance I may receive will purposes and to pay the cost of attending Beaufort County Community (Date) ary's Certificate of Acknowledgement
only be used for educational College for 2023-2024. (Student's Signature) (Student's ID Number) Note State of	rpose and that the federal student financial assistance I may receive will purposes and to pay the cost of attending Beaufort County Community (Date) ary's Certificate of Acknowledgement before me, (Notary's Printed Name)

$\label{eq:witness} \textbf{WITNESS} \ \textbf{my} \ \textbf{hand} \ \textbf{and} \ \textbf{official} \ \textbf{seal}$

(seal)

(Notary Signature)

(Date)

My commission expires on_____