

OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

1011 PAGE ST. • TROY, NC 27371 • (910) 898-9600 • FAX: (910) 576-2176 Federal School Code – 008087 · https://www.montgomery.edu/financial-aid

2019-2020 Identity and Statement of Educational Purpose

(To Be Signed With Notary)

If the student is unable to appear in person a		Community Collegedary Educational Institution)	
to verify his or her identity, the student must	•	dary Educational institution)	
below, or that is presented to a notary, so (b) The original Statement of Educations	uch as, but not limited to, a al Purpose provided below,	ication (ID) that is acknowledged in the notary statement a driver's license, other state-issued ID, or passport; and , which must be notarized. If the notary statement appears nust be a clear indication that the Statement of Educational	
Turpose was the document notarized.	Statement of Educati	tional Purpose	
I certify that I(Print Stude	am t nt's Name)	the individual signing this Statement of Educational Purpo	se
and that the Federal student financial as	sistance I may receive will o	only be used for educational purposes and to pay the cos	
attending(Name of Postsecondary Edu	cational Institution		
,		WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.	
Certifications and Signatures Each person signiformation reported is complete and correct information was reported on the FAFSA must	t. The student and one parent w		
(Student's Signature)	(Parent's Si	ignature if needed)	
(Student's ID Number)	(Date)		
Notary's Certificate of Acknowledgeme State of			
City/County of, before me			
On, before me	<u> </u>	,	
(Date)	(Notary's name)		
personally appeared,		, and proved to me	
(Printed on the basis of satisfactory evidence of		and the state of t	
to be the above-named person who sign		government-issued photo ID provided) nt.	
WITNESS my hand and official seal			
Williams my hand and official scal	(seal)		
(Notary signature) My commission expires on			

We recommend you make a copy of this worksheet for your records. Submit this completed worksheet immediately to the MCC Office of Financial Aid and Veterans Affairs

(Date)