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## OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

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

### 2020-21 Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at **Montgomery 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 collect the student's ID. **In addition, the student must sign, in the presence of the institutional official, the following English Statement provided below:**

#### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose  
(Print Student's Name)  
and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending \_\_\_\_\_ for 2020-21.  
(Name of Postsecondary Educational Institution)

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both. Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Parent's Signature if Dependent)

\_\_\_\_\_  
(Student's ID Number)

\_\_\_\_\_  
(Date)

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#### Office of Financial Aid Staff Use Only: School Official's Certificate of Acknowledgement

Type of Document presented: *(make copy & attach)* \_\_\_\_\_

On, \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared, \_\_\_\_\_,  
(Date) (School Official's Name) (Printed name of signer)  
and provided to me on basis of satisfactory evidence of identification \_\_\_\_\_  
to be the above-named person who signed the foregoing instrument. (Type of government-issued photo ID provided)

Signature: \_\_\_\_\_

*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*