Identity and Statement of Educational Purpose 2014-2015

Student’s Name: _______________________________  RSC Student ID#: __________________

Do not complete this form in advance. You must appear in person at Rose State College, Office of Student Financial Aid, SSB Room 200 to complete this form. This statement must be completed and signed in the presence of a Rose State College Financial Aid Staff Member. If you are unable to appear in person, you must complete this form in the presence of a Notary Public and submit this form along with a photocopy of a valid government-issued photo 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.

The student must appear in person at Rose State College, Office of Student Financial Aid, to verify his or her identity by presenting a valid government-issued photo 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 with the date it was received 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:

Statement of Educational Purpose

I certify that I __________________________ __________________________ constantly am the individual signing this Statement of Education Purpose and __________________________ __________________________ (Print Student’s Name) that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Rose State College for 2014-2015.

________________________________________
Student Signature

RSC Student ID# __________________________ Date __________________

IF SUBMITTING IN PERSON

Present this form with original valid government-issued photo ID.

To be completed by a RSC Financial Aid Staff Member:

ID Type: __________________________
ID Number: __________________________ Exp: _________
FAA Staff Name: __________________________
FAA Title: __________________________
FAA Signature: __________________________

IF SUBMITTING BY MAIL

Send this form with photocopy of valid government-issued photo ID to the Rose State College, Office of Student Financial Aid.

TO BE COMPLETED BY A NOTARY PUBLIC

State of: __________________________ County of: __________________________
On: __________________________, before me, __________________________ (Notary’s Name)
(date)
personally appeared, __________________________, and on basis of satisfactory evidence of identification __________________________ to be the above named person who signed the foregoing instrument.

WITNESS my hand and official seal __________________________ (Notary Signature)

My commission expires on __________________________ (SEAL)
(Date)