

2023-2024 Identity and Statement of Educational Purpose

Financial Aid Office 444 Western Blvd Jacksonville, NC 28546-6816 Fax: 910-455-2767

Email: finaid@coastalcarolina.edu

The student must appear in person at <u>COASTAL CAROLINA COMMUNITY COLLEGE</u> to verify his or her identity by presenting unexpired valid government-issued photo identification (i.e., driver's license, passport, or other state-issued ID). The College will maintain a copy of the student's photo ID and will annotate the date received and the name of the official at the College authorized to collect the student's ID.

I certify that I		,
I certify that I	's Name)	(Student's CCCC ID Number)
am the individual signing this Statement	of Educational Purpose	and that the federal student
financial assistance I may receive will on	ly be used for education	al purposes and pay the cost of
attending Coastal Carolina Community C	College for the 2023-202	4 academic year.
Student's Signature		Date
FA Assistant's Signature		 Date
PROOF OF ID / TYPE OF ID		
	(Attach a copy of the ID	to this form).
(CEPTION: If you cannot appear in person in this page in the presence of a notary.	at COASTAL CAROLIN	A COMMUNITY COLLEGE, you
NOTARY SEAL	County:	State:
	My commission expire	s:
	his, the day	of, 20
Sworn to and subscribed before me t	,	