



# 2024-2025 Identity and Statement of Educational Purpose

Financial Aid Office  
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Jacksonville, NC 28546-6816  
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## (To Be Signed at the Institution)

The student must appear in person at Coastal Carolina 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 receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

## Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing  
(Print Student's Name)

this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Coastal Carolina Community College for the 2024–2025 award year.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
FA Assistant's Signature Date

PROOF OF ID / TYPE OF ID \_\_\_\_\_

## (To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at Coastal Carolina Community College to verify his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**NOTARY SEAL**

County: \_\_\_\_\_ State: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Sworn to and subscribed before me this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary's Signature: \_\_\_\_\_

Please Print Notary Name: \_\_\_\_\_