

Identity and Statement of Educational Purpose 2023 - 2024

Student's Last Name	Student's First Name	MI	El Camino Student ID Number
Student's Email Address	Student's Phone	Number	Student's Date of Birth
			the Institution or in front of a Notary.
This statement of Educational Fulpe		-	•
(Complete this section and the	Identity and Statement of Statement of Educational Purp		d below if signing in person at the Institution)
The student must appear in person at			
·· · · -	(Name	e of Postseco	ndary Education Institution)
driver's license, other state-issued ID, of	or passport. The institution will and reviewed and the name o	maintain a co	hoto identification (ID), such as, but not limited to, a ppy of the student's photo ID that is annotated by the at the institution authorized to receive and review the
(Complete this section and the Stateme	Identity and Statement of ent of Educational Purpose pro		I Purpose f signing in the presence of a Notary only if unable to
<u>, Compress and Comment and Comment</u>	sign in person at		
If the student is unable to appear in per	son at		
		ame of Posts	econdary Education Institution)
to verify his or her identity, the student	•	ntification (ID)	that is acknowledged in the notary statement below,
or that is presented to a notar (b) The original Statement of Edu	y, such as, but not limited to, a cational Purpose provided beloment of Educational Purpose, t	driver's licens ow, which mu	se, other state-issued ID, or passport; and st be notarized. If the notary statement appears on a e a clear indication that the Statement of Educational
In addition, the student must sign, ir provided below.	the presence of the instituti	onal official	or notary the Statement of Educational Purpose
	Statement of Educ	cational Purp	oose
I certify that I		am the individ	ual signing this Statement of Educational Purpose
•	dent's Name)		
and that the Federal student financial a	issistance I may receive will on	ily be used fo	r educational purposes and to pay the cost of
attending	(Name of Postsecondary Educ	ational Institu	for 2023-2024.
	(Name of PostSecondary Educ	auonai msuu	liion)
(Student's Signature)	(Dat	re)	(Student's ID Number)
(Financial Aid Adminis	strator's Signature)		Date
	Notary's Certificate o	f Acknowled	gement
State of	City/County of		On
hoforo ma	norsonally appea	ared	
(Notary's Nam	e)		(Printed name of signer)
and proved to me on basis of satisfactor	ry evidence of identification		
To be the above-named person who sig	ned the foregoing instrument.	(Тур	e of government-issued photo ID provided)
WITNESS my hand and official seal			
•	(Notary Signa	ture)	(Date Commission Expires)
(Seal)			