

OFFICE OF FINANCIAL AID financialaid@edgecombe.edu

Tarboro Campus: 2009 W. Wilson Street Tarboro, NC 27886 T: 252.823.5166 F: 252.824-3990

Rocky Mount Campus: 225 Tarboro Street Rocky Mount, NC 27801 T: 252.823.5166 F: 252.824-3990

STUDENT NAME	 STUDENT ID:	

2021-22 Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at Edgecombe Community College to verify his or her identity by presenting otated

other state-iss by the institut	sued ID, or passport. The institution will mai	n (ID), such as, but not limited to, a driver's license, ntain a copy of the student's photo ID that is annotate yed, and the name of the official at the institution
In addition, th Purpose provi	• • • • • • • • • • • • • • • • • • • •	institutional official, the Statement of Educational
	Statement of Educ	cational Purpose
I certify	that I	am the individual signing this
	(Print Student Name)	
will	only be used for educational purposes and nmunity College for 2021-2022.	
(Student's ID N	lumber)	
F	OR OFFICE USE ONLY	

FOR OFFICE USE ONLY		
FAA signature	 Date	

Student Name:	ECC ID#	

2021-22 Identity and Statement of Educational Purpose (Must be notarized and mailed to the Financial Aid Office at Edgecombe Community College)

If you are unable to appear in person at Edgecombe Community College to verify your identity, you must provide:

- (1) A copy of the valid government-issued photo identification (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; AND
- (2) The original notarized Statement of Educational Purpose provided below.

Statement of	Educational	Purpose
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urpose
m the individual signing this
G G
tudent financial assistance I may receive e cost of attending Edgecombe
nowledgement
(Notary's Printed Name)
, and provided me
government –issued photo ID provided)
nstrument.
Signature
. (Date
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