

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:	

2023-24 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

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 annote 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 p	resence of the institutional official, the Statement of Educational			
Purpose provided below.				
Stater	ment of Educational Purpose			
I certify that I	am the individual signing this			
(Print Stu	udent Name)			
-	ose and that the federal student financial assistance I may receive al purposes and to pay the cost of attending Edgecombe 024. (Date)			
(Student's ID Number)				
FOR OFFICE USE ONLY				

FOR OFFICE USE	ONLY	
FAA signature	 Date	_

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2023-24 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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St	atement of Educational Purpose
I certify that I	am the individual signing this
Statement of Educational Pur	ident Name) bose and that the federal student financial assistance I may received all purposes and to pay the cost of attending Edgecombe 2024.
(Student's Signature)	(Date)
(Student's ID Number)	
No	tary's Certificate of Acknowledgement
State of	
City/County of	
On	, before me,
(Date)	(Notary's Printed Name)
personally appeared,	, and provided me (Printed name of signer)
	(Printed name of signer)
on basis of satisfactory evidence	of identification
,	(Type of government –issued photo ID provided)
to be the above-named person	ho signed the foregoing instrument.
WITNESS my hand and official seal	
(seal)	Notary Signature
M	commission expires on (Da