

STUDENT NAME:

OFFICE OF FINANCIAL AID financialaid@edgecombe.edu

(Student's Signature)

(Student's ID Number)

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 ID:

•	Statement of Educational Purpose ned at the Institution)
an unexpired valid government-issued photo identification other state-issued ID, or passport. The institution	e Community College to verify his or her identity by presenting stification (ID), such as, but not limited to, a driver's license, will maintain a copy of the student's photo ID that is annotated ad reviewed, and the name of the official at the institution.
In addition, the student must sign, in the presence Purpose provided below.	e of the institutional official, the Statement of Educational
Statement of	of Educational Purpose
I certify that I	am the individual signing this
(Print Student N	ame)
Statement of Educational Purpose and	d that the federal student financial assistance I may receive

will only be used for educational purposes and to pay the cost of attending Edgecombe

(Date)

FOR OFFICE USE ONLY				
FAA signature	Date			

Community College for 2024-2025.

Student Name:_	ECC ID#	

2024-25 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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Statement of i	Educational Purpose
I certify that I	am the individual signing this
•) at the federal student financial assistance I may receive s and to pay the cost of attending Edgecombe
(Student's Signature)	(Date)
(Student's ID Number)	
Notary's Certi	ificate of Acknowledgement
State of	
City/County of	
On, befo	ore me,
On, befo	(Notary's Printed Name)
personally appeared,	, and provided me
(Printed	name of signer)
on basis of satisfactory evidence of identifica	ition
•	(Type of government –issued photo ID provided)
to be the above-named person who signed the	he foregoing instrument.
WITNESS my hand and official seal	
(seal)	Notary Signature
My commission e	expires on . (Date