



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

Rocky Mount Campus:
225 Tarboro Street
Rocky Mount, NC 27801
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OFFICE OF FINANCIAL AID
financialaid@edgecombe.edu

STUDENT NAME: _____ STUDENT ID: _____

2025-26 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 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 this
(Print Student Name)

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 Edgecombe Community College for 2025-2026.

(Student’s Signature)

(Date)

(Student’s ID Number)

FOR OFFICE USE ONLY	
_____ FAA signature	_____ Date

Student Name: _____ ECC ID# _____

2025-26 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

I certify that I _____ am the individual signing this
(Print Student Name)

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 Edgecombe Community College for 2025-2026.

(Student's Signature)

(Date)

(Student's ID Number)

Notary'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)

on basis of satisfactory evidence of identification _____
(Type of government -issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal)

Notary Signature

My commission expires on _____. (Date)