## CLOUD COUNTY COMMUNITY COLLEGE

2019-2020

Financial Aid Office • 2221 Campus Drive • Concordia, KS 66901 800-729-5101 ext 281 • Fax 785-243-1839 • finaid@cloud.edu

# V4 / V5 - Identity and Statement of Educational Purpose

#### To be signed in the Presence of a Notary

#### If the student is unable to appear in person at Cloud County Community College:

To verify his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired **valid** government-issued photo identification (ID) that is acknowledged in the notary statement below or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

### **Statement of Educational Purpose**

I certify that I		am the individual signing this
	•	eral student financial assistance
	nunity College for 2019-2020.	rposes and to pay the cost of attending
Cloud County Collins	unity Conege for 2019-2020.	
(Student Signature)		(Date)
(Student's ID Number)		
· · · · · · · · · · · · · · · · · · ·	Notary's Certificate of Ac	cknowledgement
State of	City/County of	
O	hafara ma	
(Date)	before me,(Notary's Name)	
norganally appaared		, and provided to me
	(Printed name of signer)	
on basis of satisfactory ev	idence of identification	e of government-issued photo ID provided)
Ž	(Тур	e of government-issued photo ID provided)
to be the above-named person	who signed the foregoing instrur	ment.
WITNESS my hand and	official seal	
(seal)	Official Scal	
(3.111)	(Nota	ary Signature)
My Commission expires of	on	
7		