Cloud County Community College Financial Aid Office

2021-2022 Academic Year - V4/V5 Identity & Statement of Educational Purpose

2221 Campus Drive Concordia, KS 66901 • 800-729-5101 Ext. 280 • Fax 785-243-1839

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To be completed/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.

Student's Statement of Educational Purpose

I certify that I	(Print Student's Name) am the individua	am the individual signing this dent's Name)	
Statement of Educationa	l Purpose and that the Federal student finance for educational purposes and to pay the cost of	ial assistance that I may	
(Student CCCC ID #)	(Student Signature)	(Date)	
Nota	ary's Certificate of Acknowledgement		
State of	City/County of		
On	, before me,		
(Date)	(Notary's Name,	ne,(Notary's Name)	
personally appeared,	(Printed name of signer)	, and provided to me	
on basis of satisfactory of	(Printed name of signer) evidence of identification		
•		ssued photo ID provided)	
WITNESS my hand and	d official seal(Notary signa	ature)	
(Seal)			
My Commission expires	on		