

Office of Financial Aid

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2024-2025 Identity and Statement of Educational Purpose

tudent Name:	WSCC ID:		_ DOB:	/	_/
equired to verify your identity and	vas selected for a review process ca I sign your statement of your educa son or (Option 2) in the presence of	tional purpose.	You can sat		•
PTION 1: To be Signed at WSCC in	n the presence of financial aid staf	:			
presenting an unexpired valid g license, other state-issued ID, o	rson at Washington State Commur overnment-issued photo identifica r passport. The institution will mai th the date it was received and rev e and review the student's ID.	ntion (ID), such a ntain a copy of	as, but not the studen	limited t t's photo	to, a driver's o ID that is
In addition, the student must signature provided below.	gn, in the presence of the instituti	onal official, the	e Statemen	t of Edu	cational
S	tudent's Statement of Educa	ional Purpos	e		
(Pr	am int Student's Name) at the Federal student financial a				
for educational purposes ar	nd to pay the cost of attending W	ashington Stat	e Commu	nity Col	lege for
2024-2025.					
(Student's Signature)	(Da	te)		VSCC ID#)	
	BLE TO SIGN THIS DOCUME ide of this form and sign in	the presence			
	Financial Aid Office Use	-	_		
AA Signature:	Date:		or copy of une Diploma, Tran		vernment-issued ID GED

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tudent Name:	WSCC ID:	DOB:/				
PTION 2: To Be Signed in the Presenc	ce of a Notary Public					
IMPORTANT - If the student is unab or her identity, the student must pr	ole to appear in person at Washington State rovide to the institution:	Community College to verify his				
	government-issued photo identification (ID at is presented to a notary, such as, but not port; and	·				
statement appears on a separ	cational Purpose provided below, which mu rate page than the Statement of Educationa of Educational Purpose was the document	l Purpose, there must be a clear				
(c) This form, and notarized copie	es of all documents, are to be mailed to the	address listed on front of form.				
Stud	lent's Statement of Educational Purpo	ose				
		am the individual signing this Statement of				
•	itudent's Name) he Federal student financial assistance I n	nay receive will only be used				
for educational purposes and to	o pay the cost of attending Washington S	tate Community College for				
2024-2025.						
(Student's Signature)	(Date)	(WSCC ID#)				
Notary	y's Certificate of Acknowledge	ment				
State of	City/County of					
On	, before me,					
(Date)	(Printed name	(Printed name of Notary)				
personally appeared,	red name of signer)	and proved to me on basis o				
	1					
,	(type of unexpired government-issued photo ID pro					
person who signed the foregoing inst	rument.					
WITNESS my hand and official sea	al					
(seal)						
	(Notary signature)					
	My commission expires of					