

2024-2025 Dependent V4 Worksheet Identity and Statement of Educational Purpose Office of Financial Aid

Student's Informatio	<u>n</u>		
Student's Last Name	Student's First Name	Student's M.I.	CBC ID #
Student's Phone Number			Date of Birth
If returning this form please complete back		e this front page only.	If you are returning this form by mail,
		atement of Educationa Signed at the Institution	
unexpired valid gover other state-issued ID,	nment-issued photo iden or passport. The institution	tification (ID), such as, on will maintain a copy	his or her identity by presenting an but not limited to, a driver's license, of the student's photo ID that is at the institution authorized to collect the
In addition, the stude	nt must sign, in the prese	nce of the institutional	official, the following:
	Stateme	nt of Educational Purp	ose
•	rint Student's Name) and that the federal stude		igning this Statement of I may receive will only be used for
educational purposes	and to pay the cost of att	ending <u>Coastal Bend (</u>	<u>College</u> for 2024-2025.
Student Signature			te

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 <u>Coastal Bend College</u> 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 Statement of
(Print Student's Nan	
·	ral student financial assistance I may receive will only be used foost of attending <i>Coastal Bend College</i> for 2024-2025.
Student Signature	Date
Student ID number	
	ary's Certificate of Acknowledgement
City/County of	
	e,
(Date)	(Notary's name)
` ,	, and provided to me
	ed name of signer)
on basis of satisfactory evidence of ider	ntification
	(Type of government-issued photo ID provided)
to be the above-named person who sig	ned the foregoing instrument.
WITNESS my hand and official seal (seal)	
()	(Notary Signature)
My commission expires on	
,	(Date)

Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age or disability.