

PLEASE DO NOT LEAVE ANY LINE BLANK. Incomplete forms will not be processed.

A. Student Information

			G00 _____
Last Name	First Name	M.I.	Student ID #
Mailing Address (Including City, State and Zip)			Phone

B. Confirmation of Student Identity

You **must appear in person** at State College of Florida to verify your identity by presenting a copy of 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 your photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

- Copy of driver's license**
- Copy of US Passport**
- Certificate of Naturalization**
- Other official government issued ID**

For Office Use Only:

Type of Document:

Document Verified by:

Date Document Received:

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

If you are unable to appear in person at **State College of Florida** to verify his or her identity, you 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.

C. Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of Educational Purpose and
(Print Student's Name)

that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending the **State College of Florida** for 2024-2025.

D. Certification

Each person signing this worksheet certifies that all the information reported on it is complete and correct. The student **(must sign in person or notarize the document)** must sign and date.

Student's Signature

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison, or both.

For Office Use Only:

FA Counselor Initials

Date Received

Notary

THIS DOCUMENT MUST BE NOTARIZED UNLESS YOU COMPLETED SECTION D IN THE OFFICE OF FINANCIAL AID SERVICES. PLEASE ATTACH A COPY OF THE VIEWED IDENTIFICATION. (front and back)

State of _____

City/County of _____

On _____, before me, _____ (Date)
(Notary's name)

Personally appeared, _____, and proved to me on basis of satisfactory
(Printed name of signer)

evidence of identification _____ to be the above-named
(Type of government-issued photo ID provided)

person who signed the foregoing instrument.

WITNESS my hand and official seal

(Notary Signature)

My commission expires on _____
(Date)

State College of Florida, Office of Financial Aid Services • 5840 26th Street West, Bradenton, FL 34207

• (Phone) 941.752.5037 • (Fax) 941.727.6179 • Email: AskFinAid@SCF.edu • Web: www.SCF.edu

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