



ALMA COLLEGE

614 West Superior Street, Alma, Michigan 48801-1599

Phone (989) 463-7347

Email finaid@alma.edu

2024 – 2025 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

STUDENT INFORMATION (PLEASE PRINT)

STUDENT LAST NAME

STUDENT FIRST NAME

STUDENT ID

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (To Be Signed at the Institution)

The student must appear in person at _____ to

(Name of Postsecondary Educational Institution)

verify his or her identity by presenting an unexpired 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 the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID. In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____ am the individual signing

(Print Student's Name)

this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending

_____ for 2024–2025.

(Name of Postsecondary Educational Institution)

Student's Signature

Date

OFFICE USE ONLY

Date: _____ FA Administrator: _____

FA Admin Signed: _____

Student must sign this document in-person while in the office. The student must provide a government photo identification that is not expired; take the government ID and make a copy of it. This government ID may not be a military ID. Sign and date the copy of the photo ID as well as this form to signify that you have received it and have met with the student in-person and attach this form to it.



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Students only need to complete this form, if you are able to appear in person to complete. Complete this form in the presence of a notary. If submitting notarized form, please submit an ORIGINAL copy, do not fax or email.

STUDENT INFORMATION (PLEASE PRINT)

STUDENT LAST NAME

STUDENT FIRST NAME

STUDENT ID

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

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 _____

(Name of Postsecondary Educational Institution)

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

(Print Student's Name)

this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending

_____ for 2024–2025.

(Name of Postsecondary Educational Institution)

Student's Signature

Date



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Notary's Certificate of Acknowledgement

State of _____ City/County of _____ on _____
(Date)

Before me, _____ personally appeared, _____
(Notary's Name) (Printed name of signer)

And provided to me on basis of satisfactory evidence of identification _____
(Type of unexpired government-issued photo ID provided)

To be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal _____
(Notary Signature) (Date Commission Expires)

OFFICIAL SEAL

PLEASE SUBMIT THIS FORM TO THE ALMA COLLEGE FINANCIAL AID OFFICE
614 West Superior Street, Alma, Michigan 48801-1599 Telephone (989) 463-7347