



**C. Identity and Statement of Educational Purpose**

**Instructions:**

Either:

- The student must appear in person at The Baptist College of Florida Financial Aid Office to verify his or identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The Baptist College of Florida will maintain a copy of the student's 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.

In addition, the student must sign, in the presence of The Baptist College of Florida Financial Aid Office, the **Statement of Educational Purpose** below

Or:

- If the student is unable to appear in person at The Baptist College of Florida Financial Aid Office to verify his or her identity, the student must provide:
  - (a) A copy of the valid government-issued photo identification (ID) that is acknowledge in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
  - (b) The original notarized **Statement of Education Purpose** provided below.

**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 Baptist College of Florida for 2019-2020.

\_\_\_\_\_  
(Student's Signature) (Date) (Student's ID#)

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,

(Date) (Notary's name)

personally appeared, \_\_\_\_\_, and provided to me on basis of satisfactory evidence of

(Printed name of signer)

identification \_\_\_\_\_ to be the above-named person who signed the foregoing instrument.

(Type of government-issued photo ID provided)

**WITNESS my hand and official seal**

(seal)

\_\_\_\_\_ My commission expires on \_\_\_\_\_.

(Notary signature)

(Date)

**FOR OFFICE USE ONLY:** Attach photocopy of ID after verifying identity.

Document Used: \_\_\_\_\_ Date Received: \_\_\_\_\_ Authorized Name: \_\_\_\_\_

**Certifications and Signatures**

The student and one parent whose information was reported on the FAFSA must sign and date.

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

Each person signing below certifies that all of the information reported is complete and correct.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Parent's Signature Date