

614 West Superior Street, Alma, Michigan 48801-1599 Phone (989) 463-7347 Email <u>finaid@alma.edu</u>

## 2025 – 2026 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

STUDENT INFORMATION (PLEASE PRINT	Γ)				
STUDENT LAST NAME	STUDENT FIRST NAME			STUDENT ID	
ADDRESS	CITY	STATE	ZIP	PHONE NUMBER	
IDENTITY AND STATEMENT OF EDUCAT	ONAL PURPO	OSE (To Be Signed a	nt the Instituti	on)	
The student must appear in person at			to	)	
(Na	me of Postsec	ondary Educational Ir	nstitution)		
verify his or her identity by presenting an ur	expired valid a	government-issued p	hoto identificat	ion (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 i	reviewed, and t	he name of the official at	
the institution authorized to receive and rev	riew the stude	nt's ID. In addition, th	ne student mus	t sign, in the presence of	
the institutional official, the Statement of Ed	ducational Purp	oose provided below.			
STATEMENT OF EDUCATIONAL PURPOS	E				
I certify that I	am the individual signing				
(Print Student's Nar	ne)				
this Statement of Educational Purpose and t	hat the Federa	al student financial as	ssistance I may	receive will only be used	
for educational purposes and to pay the cos	t of attending				
		for 202	5–2026.		
(Name of Postsecondary Educations	l Institution)				
Student's Signature				Date	
	OFFICE	USE ONLY			
Date:	FA Administ	rator:		<del></del>	
FA Admin Signed:					
Student must sign this document in-person expired; take the government ID and make	e a copy of it. This go	overnment ID may not be a n	nilitary ID. Sign and d	ate the copy of the	



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## 2024 – 2025 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

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.

STUDEN	IT INFORMATION (PLEASE PRINT)							
STUDEN	T LAST NAME	STUDENT FIRST NAME			STUDENT ID			
ADDRESS	S	CITY	STATE	ZIP	PHONE NUMBER			
IDENTIT	TY AND STATEMENT OF EDUCATION	NAL PURPO	SE (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	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) 1								
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.								
STATEN	MENT OF EDUCATIONAL PURPOSE							
• • • • • • • • • • • • • • • • • • • •								
I certify t	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 2025	–2026.				
(	(Name of Postsecondary Educational In	stitution)						
		_						
Student'	s Signature			Date				



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Notary's Certificate of Acknowledgement						
State of	City/County of	City/County of				
			(Date)			
Before me,	personally appeared,					
(Notary's Name)		(Printed name of signer)				
And provided to me on basis	of satisfactory evidence of identificat	ion				
·		(Type of unexpired government	:-issued photo ID provided)			
To be the above-named person who signed the foregoing instrument.						
WITNESS my hand and officia	l seal					
·	(Notary Signature)	(Date Commission Expires)				
			OFFICIAL SEAL			

PLEASE SUBMIT THIS FORM TO THE ALMA COLLEGE FINANCIAL AID OFFICE

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