



**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 Brightpoint Community College 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 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 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 **Brightpoint Community College** for 2022-2023.

\_\_\_\_\_  
(Student’s Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student’s ID Number)

**Notary’s Certificate of Acknowledgement**

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

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

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

(Date)

(Notary’s name)

personally appeared, \_\_\_\_\_, and provided to me

(Printed name of signer)

on basis of satisfactory evidence of identification \_\_\_\_\_

(Type of government-issued photo ID provided)

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

**WITNESS my hand and official seal**

(seal)

\_\_\_\_\_  
(Notary signature)

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

(Date)

Student's Name: \_\_\_\_\_ ID: \_\_\_\_\_

***Financial Aid Official Use-MUST BE COMPLETED AT TIME OF RECEIPT***  
***The Financial Aid Official receiving documents MUST indicate date of receipt and his/her name on ALL documents, including the copy of the UNEXPIRED government issued ID, received in support of this statement***

\_\_\_\_\_  
Date of Receipt of Documentation

\_\_\_\_\_  
Name of Financial Aid Official Receiving  
Documentation