



# Welch College

## Student Financial Aid Office

### Identity and Statement of Educational Purpose

#### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

The student must appear in person at Welch College verify his or her 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 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 collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following Statement:

#### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this  
(Print Student's Name)

*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 2015-2016.

(Name of Postsecondary Educational Institution)

\_\_\_\_\_  
(Student's Signature)

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

#### Certification and Signature

##### Certification and Signature

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

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

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Spouse's Signature (Optional)

\_\_\_\_\_  
Date

FINANCIAL AID OFFICE