

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE 2024-2025

) # A	Name (Last Name)	(First Name)	(MI)
1. Identity and Statement of Education	nal Purpose		
If the student is unable to appear in person provide:	on at St. Louis Community College	to verify his or her identity, the s	tudent must
a. A copy of the valid government-issu as, but not limited to, a driver's licen			ment below, suc
b. The original notarized Statement of I	Educational Purpose (in English or	Spanish) provided below.	
2. Statement of Educational Purpose			
I certify that I, (Print Stud Purpose and that the federal student financial attending St. Louis Community College for 20	l assistance I may receive will only be		
Student Signature	Date	Student ID N	umber
— Na	otary's Certification May Vary	by State —	
State of	City/County of		
On(Date)	,before me,		,
(Date)		(Notary name)	
personally appeared,	(Printed name of signer)	nd provided to me on basis of satisf	actory evidence
of identification(Type of government-issued	to be the above-photo ID provided)	named person who signed the fore	egoing instrume
WITNESS my hand and official seal	(Notary signature)		
My commission expires on			
(Da	ate)	(So	eal)

Date Rec'd._____By ___