



OFFICE OF STUDENT FINANCIAL AID  
 CENTRAL CAROLINA COMMUNITY COLLEGE  
 Hockaday Building, Lee Main Campus  
 1105 Kelly Drive  
 Sanford, NC 27330

T 919.718.7229      Email: [finaid@cccc.edu](mailto:finaid@cccc.edu)  
 F 919.718.7410      Website: [cccc.edu/financialaid](http://cccc.edu/financialaid)

<b>Student Name:</b>	
<b>CCCC Student ID:</b>	
<b>Telephone Number:</b>	(____)-(____)-(____)

## 2017-2018 Identity/Statement of Educational Purpose Worksheet

(To Be Signed with Notary)

If the student is unable to appear in person at Central Carolina Community College to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

### 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 Central Carolina Community College for 2017-2018.

\_\_\_\_\_  
 (Student’s signature)

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

\_\_\_\_\_  
 (Student’s ID number)

<b>Financial Aid Office Use Only</b>	
_____ Financial Aid Official	_____ Date



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## Notary's Certificate of Acknowledgement

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

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me,

\_\_\_\_\_ (*Notary's Name*), personally  
appeared, \_\_\_\_\_ (*Printed name of signer*),

and proved to me 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 \_\_\_\_\_