Cloud County Community College Financial Aid Office

2020-2021 Academic Year – V4/V5 Identity & Statement of Educational Purpose

2221 Campus Drive Concordia, KS 66901 • 800-729-5101 Ext. 280 • Fax 785-243-1839 <u>finaid@cloud.edu</u> • <u>https://mappingyourfuture.org/MappingXpress/cccc/</u> Passcode: Cloud65

To be signed in the Presence of a Notary

If the student is unable to appear in person at Cloud County Community College:

To verify his or her identity, the student must provide to the institution:

- (a) <u>A copy of the unexpired **valid** government-issued photo identification (ID)</u> 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 a 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 |
|---|---|
| | |
| - | d that the Federal student financial assistance I may onal purposes and to pay the cost of attending Cloud |
| County Community College for 2020 | ••••••• |
| County Community Conege for 2020 | -2021. |
| | |
| (Student Signature) | (Date) |
| | |
| | |
| (Student's CCCC ID #) | |
| Notary's Cert | ificate of Acknowledgement |
| State of City/C | County of |
| | |
| On, before me, | |
| (Date) | (Notary's Name) |
| personally appeared, | , and provided to me |
| (Printe | d name of signer) |
| on basis of satisfactory evidence of identit | fication |
| to be the above-named person who signed the fo | (Type of government-issued photo ID provided) |
| to be the above-named person who signed the re- | regoing instrument. |
| WITNESS my hand and official seal | |
| (Seal) | |
| · · · · · · · · · · · · · · · · · · · | (Notary Signature) |
| My Commission avairas on | |
| My Commission expires on(Date) | |
| (240) | |