SEATTLE CENTRAL COLLEGE
One of the Seattle Colleges

Identity & Statement of Educational Purpose 2022-2023 Academic Year

INSTRUCTIONS: The student must appear in person and present the following documentation to an authorized **Seattle Central Colleges Financial Aid Team member**, to verify the their identity by presenting an unexpired valid government-issued photo identification such as, but not limited to, a driver's license, non-driver's identification card, other state-issued identification, or U.S. passport. The institution will maintain an annotated copy of the unexpired valid government-issued photo identification that includes the date it was received and the name of the institutionally authorized individual who reviewed the identification.

Student Information

Last Name: _____ First Name: _____

SSN: _____ CTCLink ID: _____

You must sign, in the presence of the institutional official or Public Notary, the Statement of Educational Purpose provided below.

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 Seattle Central College for 2022-2023.

Student Signature: _____ Date: _____

Financial Aid Staff Use Only Witnessed by: _____ Date: _____

If you are unable to appear in person at Seattle Central College to verify your identity, you must provide the following items to SCC:

1. 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
2. The original Statement of Educational Purpose provided above, which must be notarized on this page.
3. Mail the **original** notarized form and a copy of your ID to: **Seattle Central College Financial Aid Office** 1701 Broadway Seattle, WA 98122

Notary use only

SUBSCRIBED AND SWORN before me this _____ day of _____, 20_____.

I certify that I know or have satisfactory evidence that *(name of person)* _____ is the person who appeared before me, and said person acknowledged that he/she signed the Statement of Educational Purpose and acknowledged it to be his/her free and voluntary act for the use and purpose mentioned in this instrument.

(Signed) _____

Notary Public in and for the State of _____

(Print) _____

Official seal here

Commission Expiration Date: _____

Internal Use Only: Track Code ED

Revised 06/2022