



**2024-2025 Identity and Statement of Educational Purpose**

*\*To Be Completed & Signed in the Presence of a Notary\**

If the student is unable to appear in person at **Blue Ridge Community College** to verify his or her identity, the student must provide to the institution:

- A. 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
- 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 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 Statement of  
 (Print Student's Name)  
 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 Blue Ridge Community College for 2024-2025.

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

\_\_\_\_\_  
 (Student's ID Number)

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
 (Date) (Notary's name)

personally appeared, \_\_\_\_\_, and provided to me  
 (Printed name of signer)

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

**Financial Aid Official Use – MUST BE COMPLETED AT TIME OF RECEIPT**

*The Financial Aid Official receiving documents MUST indicate date of receipt and his/her name on ALL documents, including the copy of the UNEXPIRED government issued ID, received in support of this statement.*

\_\_\_\_\_  
 Date of Receipt of Documentation

\_\_\_\_\_  
 Name of Financial Aid Official Receiving Documentation