



Rockingham COMMUNITY COLLEGE

Financial Aid Office PO Box 38 Wentworth NC 27375

Phone: 336.342.4261 ext. 2203 Fax: 336.342.1809 Email: finaid@rockinghamcc.edu

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Identity and Statement of Educational Purpose

This Form Needs to be Signed at the Institution.

The student must appear in person at **Rockingham Community College Financial Aid Office** to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational
(Print Student's Name)

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 _____ for 2020-2021.
(Name of Postsecondary Educational Institution)

(Student's Signature)

(Date)

(Student's ID Number)

To be Completed by the Financial Aid Office

Type of ID: _____

School Official Name: _____

Date _____