



A Great Place To **Start**[™]
A Member of the Alabama Community College System

Office of Financial Aid Identity & Statement of Educational Purpose

The U S Department of Education has requested that Bishop State Community College verify your identity and educational purpose using the following information. The student is responsible for the accuracy of this document.

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 **Bishop State Community College**.

Print Student's Name

Date

Student's Signature - **sign only in presence of financial aid official**

A_____
Bishop State ID Number

_____@bishop.edu
Student Email

Proof of Identity:

Valid Government Issued ID

ID Number

Issuing Authority

Expiration Date – **must not be expired**

Financial Aid Office Acknowledgement

The above named student submitted and provided to the Financial Aid Office satisfactory evidence of identification detailed above.

Financial Aid Official – Print Name

Financial Aid Official – Title

Financial Aid Official – Signature

Date