



Identity and Statement of Educational Purpose

Madera CCC: 559) 675-4849

Oakhurst CCC: (559) 683-3940

Fax: (800) 643-0518

financialaid@maderacollege.edu

Student Name:	ID #:				
Address:	Phone #:				
	Date of Birth:				
Identity and Statement of Educational Purpose (To Be Signed at Madera College)					
You must appear in person at Madera College to verify your identity by presenting a valid government-issued photo identification (ID), such as, but not limited to:					
driver's licer	se				
Madera College will maintain a copy of your photo ID that is annotated with the date it was received and the name of the official of the institution authorized to collect your ID.					
In addition, you must sign, in the presence of the institutional official, the following: <u>Statement</u>					
of Educational Purpose (If you are unable to appear in person, please see reverse.)					
I certify that I	am the individual signing this Statement Printed Student Name				
	urpose and that the federal student financial assistance I may receive will only be				
used for educational purposes and to pay the cost of attending Madera College for 2022-2023.					
Digital and/or typed signatures are not acceptable.					
Student Signature	e:Date:				

Identity and Statement of Educational Purpose (To Be Signed with Notary):

If the student is unable to appear in person at Madera College to verify his or her identity, the student must provide:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

		f Educational oose	
I certify that I,	•		am the individual
signing this Statement of Ed assistance I may receive wil of attending Madera College	Printed Student Name ucational Purpose and I only be used for educ	d that the federal student	financial
Student Signature		Date	
Student ID Number			
Nota	ry's Certificate of Ac	knowledgement	
State of			
City / County of			
On,	before me,		
personally, appeared		Notary's name	and proved to me
because of satisfactory evide	Printed name of ence of identification,	signer	
to be the above-named person	on who signed the fore	Type of unexpired government-is egoing instrument.	sued photo ID provided
WITNESS my hand and offi	icial seal		
Notary signature			
My commission expires on			

Date