

Financial Aid

30277 Avenue 12, Madera, CA 93638 | Phone: (559) 675-4849 | FAX: (800) 643-0518

2024-2025 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Student Name:	Student ID #:
IDENTITY AND STATEMENT OF (to be signed at Madera	
You must appear in person at Madera Community College to ve government-issued photo identification (ID), such as, but not limit	
Driver's LicenseState-issued IDPassport	
Madera Community College will maintain a copy of the student's the name of the institutional official authorized to review the student's	
In addition, the student must sign, in the presence of the institu Purpose (If the student is unable to appear in person please see	
Statement Of Educational Purpose:	
I certify that I, (<i>Print Student Name</i>): of Educational Purpose and that the Federal student financial ass	
educational purposes and to pay the cost of attending Madera Co	ommunity College for 2024-2025.
CERTIFICATION AN	
The person signing below certifies that all of the information report give false or misleading information, you may be fined, sent black ink. Digital and/or typed signatures will not be accepted.	
Student Signature:	Date:

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (to be signed in the presence of a Notary)

If you are unable to appear in person at Madera Community College to verify your identity, you must provide the original notarized Statement of Educational Purpose provided below, <u>and</u> 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:

- Driver's License
- State-issued ID
- Passport

Madera Community College will maintain a copy of the student's photo ID that is annotated with the date it was received. In addition, the student must sign, **in the presence of a notary**, the following Statement of Educational Purpose.

Statement Of Educational Purpose:		
I certify that I, (Print Student Name): of Educational Purpose and that the Federal student financial ass purposes and to pay the cost of attending Madera Community Co	istance I may receive wil	the individual signing this Statement I only be used for educational
CERTIFICATION AN	D SIGNATURE	
The person signing below certifies that all of the information reported is complete and correct. WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both. Signatures must be provided in blue or black ink. Digital and/or typed signatures will not be accepted.		
Student Signature	Date	Student ID #
NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT (to be completed by a Notary)		
State of		
City / County of		
On, (Date): before me, (Notary's name):		personally
appeared (Printed name of signer):		and proved to me because of
satisfactory evidence of identification, (ID type 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):		