

2024-25 V4 Identity and Statement of Educational Purpose

Federal Student Aid Programs

A. Student Information

Last name	First name	M.I.	Student ID #
Address (Include apt. no.)			Date of Birth
City	State	ZIP Code	Phone Number (include area code)

B. Identity and Statement of Educational Purpose – To Be Signed In Person

You must appear in person at Suffolk County Community College to verify your identity by presenting an unexpired government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state issued ID, or U.S. passport. The institution will maintain a copy of the student photo ID that is annotated with the date it was received and reviewed, and the name of the official at the institution authorized to collect the student ID.

You must sign, in the presence of a Financial Aid representative, the Statement of Educational Purpose provided below.

Statement of Educational Purpose:

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 pay the cost of attending Suffolk County Community College for 2024-2025.

Student’s Signature: _____ Date: _____

FA Representative Signature: _____ Date: _____

This form must be returned in person to your campus Financial Aid Office.