ISPS17

Coconino Community College
OFFICE OF STUDENT FINANCIAL AID

IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE FORM

(MUST BE SIGNED AT CCC Lone Tree Campus)

(2016-2017 Academic Year – V4, V5)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 •. finaid@coconino.edu

@		
CCC ID#	**Last Name**	**First Name** **MI**
Mailing Address	**City**	**ST** **Zip Code**
- -		
Telephone No. (include area code)	**Email Address**	

You must appear in person at Coconino Community College to verify your 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. CCC will maintain a copy of your photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, you must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

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

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 Coconino Community College for 2016-2017.

Signing this form certifies that all the information reported on it is complete and correct. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.

_____ _____
Student's Signature Date

CCC Certification of Signature

On this, the_____day of _____, 20___, _____,
(Print Student's Name)

personally appeared before me and signed this document. He/She provided satisfactory documentation of photo identification to be the person whose name is listed on this document.

I have made a high quality photocopy of the photo identification, submitted with this form.

_____ _____
CCC Financial Aid Staff Signature Date