ISPS19

Coconino Community College
OFFICE OF STUDENT FINANCIAL AID

IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE FORM

(MUST BE SIGNED AT CCC Lone Tree Campus)

(2018-2019 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 2018-2019.

I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that submission of false information may result in a delay or denial of federal financial aid and may subject me to criminal charges. I understand that purposely giving false or misleading information may result in a fine of up to $20,000, being sent to prison, 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