



Wayne County Community College District

District Office
801 W. Fort Street
Detroit, MI 48226
(313) 496-2865
(313) 963-8568 fax

Financial Aid

Name _____	A00 _____
Birthdate _____	Email _____
Phone _____	

2014-15 Verification of Identity & Statement of Educational Purpose

- You must appear in person and sign this form in the presence of a financial aid office authorized representative.
 - If you cannot appear in person, you must sign this form in the presence of a notary.
- You must show valid government issued photo identification such as, a driver's license, state id or passport.

You must sign this form in the presence of an official

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and that the federal student assistance I may receive will only be used for educational purposes and to pay the cost of attending _____ for 2014-15.

(Print Your Name)

(Name of College)

Student Signature- SIGN ONLY IN THE PRESENCE OF AN AUTHORIZED OFFICAL OR NOTARY _____ Date _____

Print Name of WCCCD Official Authorized to Receive this Form

Campus

Signature of WCCCD Official Authorized to Receive this Form

Date

I have obtained a copy of the student's photo ID that is annotated with the date it was received and my name.

Notary's Certificate of Acknowledgment (To be used only if you cannot appear in person to sign in the presence of a financial aid representative)

State of _____ City/County of _____

On _____, before me, _____

(Date) (Notary's name)

personally appeared, _____, and provided to me satisfactory evidence of identification _____ to be the above named person who signed this document.

(Printed name of signer) (Type of government picture ID provided)

WITNESS my hand and official seal _____

(Notary signature)

My commission expires on _____

(Date)

This form cannot be faxed. We can only accept the original.