



## 2024-2025 Identity and Statement of Educational Purpose

Student Name \_\_\_\_\_ ID # \_\_\_\_\_

The student must appear in person at Aquinas College to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

If you are unable to appear in person at Aquinas College, you must sign this form in the presence of a notary public AND return the original form along with a copy of the government-issued photo ID you showed the notary public.

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 Aquinas College for 2024-2025.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

If applicable:

### Notary's Certificate of Acknowledgement

State of \_\_\_\_\_, City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's name)

personally appeared, \_\_\_\_\_, and proved to me  
(Printed name of signer)

on the basis of satisfactory evidence of identification \_\_\_\_\_  
(Type of unexpired government-issued photo ID 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)

**For office use only:**

This signed Identity and Statement of Educational Purpose was received on \_\_\_\_\_ (date)

Form of valid government-issued photo identification received: \_\_\_\_\_ (date)

Received by \_\_\_\_\_

Please return ORIGINAL FORM to: Financial Aid Office, Aquinas College, 1700 Fulton St. E, Grand Rapids, MI 49506