

DOCUMENT MUST BE ORIGINAL – NO COPIES/FAXES ACCEPTED

PLEASE DO NOT LEAVE ANY LINE BLANK.

If a question does not apply to you enter \$0 or N/A. **Incomplete forms will not be processed.**

A. Student Information

_____	_____	_____	G00 _____
Last Name	First Name	M.I.	Student ID #
_____			_____
Mailing Address (Including City, State and Zip)			Phone

B. Confirmation of Student Identity

You **must appear in person** at State College of Florida to verify your identity by presenting a copy of 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 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 and parent ID's.

- Copy of driver's license**
- Copy of US Passport**
- Certificate of Naturalization**
- Other official government issued ID**

For Office Use Only:

Type of Document:

Document Verified by:

Date Document Received:

C. Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of Educational Purpose and
(Print Student's Name)

that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending
State College of Florida for 2022-2023.

D. Certification

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student (**must sign in person or notarize the document**) and the parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison, or both.

Student's Signature

Date

Parent's Signature

Date

For Office Use Only:

FA Counselor Initials

Date Received

E. Notary

THIS DOCUMENT MUST BE NOTARIZED UNLESS YOU COMPLETED SECTION D IN THE OFFICE OF FINANCIAL AID SERVICES. PLEASE ATTACH A COPY OF THE VIEWED IDENTIFICATION.

State of _____

City/County of _____

On _____, before me, _____
(Date) (Notary's name)

Personally appeared, _____, and proved to me on basis of satisfactory
(Printed name of signer)

Evidence of identification _____ to be the above-named
(Type of government-issued photo ID provided)

Person who signed the foregoing instrument.

WITNESS my hand and official seal

(Notary Signature)

My commission expires on _____
(Date)