The Office of Financial Aid and Scholarships
Identity and Statement of Educational Purpose 2024-2025
(To Be Signed with Notary)

To ensure timely offering of your financial aid, return this form and all required documents within 5 days.
Delaying the verification process will delay the offering of aid.

___________________________________________________________

Banner: XXX_______________________

Student Last Name
Student First Name
MI
Last 6 digits only

If the student is unable to appear in person at North Carolina Agricultural and Technical State University to verify his or her identity, the student must provide:

(a) A colored copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver’s license, other state-issued ID, or passport; and

(b) The original notarized Statement of Educational Purpose provided below.

I certify that I __________________________ am the individual signing this 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 North Carolina Agricultural and Technical State University for 2024-2025.

__________________________________
(Student’s Signature)  
(Date)

You must submit this original notarized form and attach a copy of your valid government issued photograph identification.  
FAXED AND EMAILED COPIES ARE NOT ACCEPTED)

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Notary’s Certificate of Acknowledgement

State of ____________________________________________________________
City/County of ______________________________________________________

On __________________________, before me, ____________________________,
(Date)  
(Notary’s name)
personally appeared, ____________________________, and provided to me on basis
(Printed name of signer)
of satisfactory evidence of identification ____________________________,
(Type of 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)

(FAXED AND EMAILED COPIES ARE NOT ACCEPTED)

Mail completed form to:
North Carolina Agricultural and Technical State University
The Office of Financial Aid and Scholarships
1601 E. Market Street
Greensboro, North Carolina 27411
Telephone: 336-334-7973

Reviewer Use Only:
Signature____________________________________________________________
Date__________________________
Name and title_________________________________________________________________________________________