

		<u> </u>	
st Name	First Name	Middle Initial	Student/Banner ID Numb
structions: Students who are required to epending on their ability to complete the		ional purpose may do s	o in two ways,
received and reviewed, as well a student's ID.	oired valid government-issued plosued ID, or passport. If of the student's photo ID that in as the name of the Financial Aid	noto identification (ID), s annotated by the offic official authorized to re	such as, but not limited cial with the date it was eceive and review the
2. Sign, in the presence of the College	e official, the Statement of Educa	ational Purpose provide	d below.
 Present to a Notary valid, <u>unexpire</u> driver's license, other state-issued Provide to the college a copy of the Sign, in the presence of a Notary, the 	<u>d</u> government-issued photo ider ID, or passport. at ID that is acknowledged in the he Statement of Educational Pur	ntification (ID), such as, notary statement belo pose provided below.	
4. Have the Notary complete the Nota5. Mail the copy of the ID & this comp		•	pancial Aid Office
5. Wan the copy of the 15 & this comp	Sieted form with Notary 3 certifi	cate to the conege 3111	idilcidi Aid Office.
<u>S</u>	tatement of Educational P	<u>urpose</u>	
certify that I	am the individual sig	ning this Statement of	Educational Purpose
(Print Student's Nam	e)		
nd that the Federal student financial assis	stance I may receive will only be	used for educational p	urposes and to pay
e cost of attending <u>Connect</u>	icut State Community Colle	ege for 2024	-2025.
	cicut State Community Colle econdary Educational Institution	_	-2025.
		_	
(Name of Postse	econdary Educational Institution (Date)		
(Student's Signature) (Name of Authorized College Office	(Date)	(Student's ID Num	nber)
(Name of Postse (Student's Signature)	(Date)	(Student's ID Num	nber)
(Student's Signature) (Name of Authorized College Office	(Date) cial) (Date) gement (Required only if signed	(Student's ID Num (Title of Official)	otary)
(Student's Signature) (Name of Authorized College Office Notary's Certificate of Acknowledge State of	(Date) cial) (Date) gement (Required only if signed only of	(Student's ID Num (Title of Official) d in the presence of a N	otary)
(Student's Signature) (Name of Authorized College Office Notary's Certificate of Acknowledge State of, before no (Date)	(Date) gement (Required only if signed City/County of	(Student's ID Num (Title of Official) d in the presence of a Num personal	otary)

WITNESS my hand and official seal___

(seal)

(Notary signature) My commission expires on ____

(Date)