

2023-2024 Statement of Identity & Educational Purpose

STUDENT INFORMATION

Last Name	First Name	Middle I.	Student ID#	
Local Street Address	City	State	Zip Code	Daytime Phone Number

PURPOSE OF FORM:

To confirm your identity and certify that the federal student aid that you receive will only be used for educational purposes.

INSTRUCTIONS FOR IN-PERSON SUBMISSION:

1. Visit the Enrollment One Stop location located in the B building with your unexpired valid government-issued photo ID (examples listed below).
2. Complete this form in the presence of SCU Office of Financial Aid (OFA) staff.
3. OFA will make a copy of your photo ID to attach to this form, annotate the documents with the date it was received and the name of the SCU staff member authorized to receive and review your ID, and maintain a copy in your financial aid file.

INSTRUCTIONS FOR MAIL SUBMISSION:

1. Bring this blank form, a copy of an unexpired valid government-issued photo ID (listed below) as well as the original photo ID to a notary.
2. Complete this form in the presence of the notary.
3. The notary will complete Section C and notarize a copy of the ID presented
4. Mail this form and the notarized photocopy of your photo ID to SCU Office of Financial Aid, 16200 Amber Valley Drive, Whittier, CA 90604.

SECTION A: UNEXPIRED VALID GOVERNMENT-ISSUED PHOTO ID

Examples of acceptable unexpired valid government-issued photo ID include but are not limited to:	
<ul style="list-style-type: none"> • driver's license • non-driver's identification card 	<ul style="list-style-type: none"> • U.S. passport • other state-issued identification card
If submitting this form by mail, you must attach a copy of your unexpired valid government-issued photo ID to this form.	

SECTION B: STATEMENT OF EDUCATIONAL PURPOSE (Completed by Student)

Only complete this section in the presence of a notary or SCU Office of Financial Aid staff. If any portion of this section is left blank, it will be considered incomplete.

I certify that I _____ (print your full name) am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will be used only for educational purposes and to pay the cost of attending Southern California University of Health Sciences for 2022-2023.

_____ Date

Student Signature

SECTION C: NOTARY'S CERTIFICATE OF KNOWLEDGE (Completed by Notary)

State of _____ City/County of _____ on _____ (date)

Before me, _____ (notary's name), personally appeared, _____ (printed name of signer), and proved to me 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)

Note: If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized and includes the type of ID was used to verify your identity.

FOR SCU FA OFFICE USE ONLY

Reviewed by:

OFA Staff Signature:

Date Form Received: