

2019-2020 STATEMENT OF IDENTITY & EDUCATIONAL PURPOSE

_____ will be enrolled at Wingate University for the 2019-2020 academic year. In order to verify his or her identity, the student must provide a copy of the valid government-issued photo identification (ID) that is acknowledged in the statement below and the Statement of Educational Purpose provided below.

- If you **are** able to appear in person with your original documents: Bring your original identification documents to the Office of Student Financial Planning; you will need to complete this form in the presence of a Financial Planning Staff member.
- If you **are not** able to appear in person: Complete Section A and B below and mail the original (notarized) form and a copy of the valid government-issued photo identification (ID) to the Office of Student Financial Planning.

SECTION A: STATEMENT OF EDUCATIONAL PURPOSE

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 Wingate University for 2019-2020.

Student Signature: _____ Date: _____

Student ID Number: _____ Program: _____

You must sign this form in the presence of a Financial Planning Staff member or Public Notary

SECTION B: NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

State of _____ City/County of _____

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

_____, and provided to me on basis of satisfactory evidence of identification
(Printed name of signer)

_____ to be the above-named person who signed the foregoing instrument.
(Type of government-issued photo ID provided)

WITNESS my hand and official seal

_____ (Notary signature) (seal)

My commission expires on _____ (Date)

You must return this **ORIGINAL** form to our office either in person or by mail. Faxed/Emailed copies will not be accepted. You can submit the form by mail to: **Wingate University / Office of Student Financial Planning / PO Box 159 / Wingate NC 28174**

Official Use Only:

FA Staff Member: _____ Date Processed: _____

