2023–2024 Statement of Identity & Educational Purpose



Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at The Christ College of Nursing and Health Sciences to verify his or her identity by presenting an unexpired 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 the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____

____ am the individual signing

(Print Student's Name)

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 The Christ College of Nursing and Health Sciences for 2021-2022.

(Student's Signature)

(Date)

(Student's ID Number)

(Financial Aid Administrator signature)

(Date)

The Christ College of Nursing and Health Sciences

Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at The Christ College of Nursing and Health Sciences to verify his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. 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.

Statement of Educational Purpose

I certify that I _____

_____ am the individual signing (Print Student's Name)

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 The Christ College of Nursing and Health Sciences for 2018–2019.

(Student's Signature)

(Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement

State of			
City/County of			
On	, before me,		
(Date)		(Notary's name)	
personally appeared,			, and proved to me
(Pri	nted name of signer)	
on the basis of satisfactory	/ evidence of identif	ication	
	(Type of unexpired g	povernment-issued photo ID provided)
to be the above-named pe	erson who signed the	e foregoing instrum	ent.
WITNESS my hand and o (seal)	official seal		
		(Nota	ry signature)
My commission expires or	١		
	(Date)		