

Identity and Statement
of Educational Purpose
2020-2021



SOUTHWESTERN
AN OREGON COMMUNITY COLLEGE

Office of Financial Aid
1988 Newmark Avenue
Coos Bay, Oregon 97420 Phone: 541.888.7352 fax 541.888.7247
Email: fao@socc.edu | website: www.socc.edu

Student's Name: _____ Student ID #: _____

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

You must appear in person at the Southwestern Oregon Community College Student First Stop Center or Financial Aid Office to verify your identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID or passport.

Southwestern Oregon Community College will maintain a copy of your photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the ID.

In addition, you must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational
(Print Student's Name)
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 _____ for 2020-2021.
(Name of Postsecondary Educational Institution)

(Student's Signature)

(Date)

(Student's ID Number)

Staff Printed Name

Staff Signature

Date