DATE



2023-24 Statement of Educational Purpose

Your 2023-24 financial aid application was selected for review in a process called "Verification." The College of Idaho (C of I) is required by law to confirm the information you and/or your parent(s) reported on your FAFSA. To verify that you provided accurate information, your FAFSA will be compared with your 2021 federal tax or W2 information, this worksheet, and other requested documentation. If there are differences, we may need to make corrections to your FAFSA and/or ask for additional information.

IMPORTANT:

- 1. If you have questions about this worksheet, please contact Financial Aid.
- 2. Your eligibility for financial aid at C of I cannot be confirmed without this worksheet and other requested documentation.
- 3. Please submit this worksheet along with all other requested documentation as soon as possible (some forms of financial aid are time-sensitive, students completing the verification process as early as possible may be eligible for more grant aid) so we may complete the verification process and notify you of your eligibility for financial aid at C of I.

LAST NAME	FIRST NAME	M.I.	C of I ID # ~OR~ LAST 4 DIGITS OF YOUR SSN	PHONE NUMBER
I certify that I			nt student's name), am the indivi	
Educational Purpose and that	the federal student financial	l assistance I may re	ceive will only be used for educat	ional purposes and to pay the
cost of attending the College	of Idaho for the 2023-24 aca	demic year.		
STUDENT SIGNATURE	DATE			
INSTRUCTIONS IF APPEARING	G IN PERSON:			
1. You must appear in	person to verify your identit	ty by presenting a va	alid government-issued photo ID,	such as, but not limited to, a
	er state-issued ID, or passpor		ttached); and	
2. Sign the statement	above with a Financial Aid Re	epresentative.		
C of I REPRESENTATIVE SIGNATURE	DATE	C of I REPR	ESENTATIVE PRINTED NAME	
INSTRUCTIONS IF YOU ARE U				
 You must <u>appear in</u> 	person before a Notary Pub	<u>olic</u> , to verify your id	entity by presenting a valid gover	nment issued photo ID such as,
but not limited to, a	driver's license, other state-	issued ID, or passpo	ort, (a copy must be attached); an	d
2. Sign the statement	above in the presence of the	Notary Public who	will then notarize the certificate	below.
G		<u> </u>		
~ NOTARY'S CERTIFICATE OF	ACKNOWLEDGEMENT ~			
State of	County o	of		
On , l	pefore me		, personally	appeared
DATE		NOTARY'S NAME		• •
		, proved to me on	the basis of satisfactory evidence	of identification
PRINTED NAMI	E OF SIGNER		,	
		to be the above-na	amed person who signed the fore	going instrument.
TYPE OF GOVERNMENT-ISSUED F	PHOTO ID PROVIDED			
WITNESS my hand and official	seal –			
		NOTARY'S	SIGNATURE	
		My com	mission expires on:	