

800 College Court New Bern, NC 28562 252-638-7200

305 Cunningham Blvd. Havelock, NC 28532 252-444-6005 www.cravencc.edu

2025-2026

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

The student must appear in person at _____

(Name of Postsecondary Educational Institution)

_am the individual signing

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

(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

__ for 2025-2026.

(Name of Postsecondary Educational Institution)

(Student's Signature)

(Date)

(Student's ID Number)

_to

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

(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 Na	ume)
-	that the Federal student financial assistance onal purposes and to pay the cost of attending
	for 2025–2026.
(Name of Postsecondary Educational Instit	ution)

(Student's Signature) (Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement

State of		
City/County of		
On	, before me,	3
(D	ate)	(Notary's name)
personally appeare	ed,	, and proved to me
	(Printed name of	signer)
because of satisfact	tory evidence of identification	
(Type of unexpired g signed the foregoing) to be the above-named person who

WITNESS my hand and official seal (seal)

(Notary signature)

My commission expires on _____

(Date)