

Name:\_\_\_\_

## **2023–2024 ACADEMIC YEAR**

Identity & Statement of Educational Purpose Form

you are required to appear	r in person at the Financial Ai	d Office to verify your	selected for verification. Due to this notification, identity. You will need to provide a valid
	identification (ID); such as a		
in addition, the student	must complete and sign this	form in the presence	e of a RCSJ financial aid representative.
	STATEMENT O	F EDUCATIONAL	PURPOSE
I certify that I,		, am tl	ne individual signing this Statement of
	· · · · · · · · · · · · · · · · · · ·	•	y receive will only be used for educational
purposes and to pay th	e cost of attending Rowan Co	ollege of South Jersey-	-Cumberland Campus for the 2023–2024
academic year.			
WARNING: If you purpos	cely give false or misleading info	armation on this works	neet, you may be fined, be sentenced to jail or both.
Wild in to, in jour purpos	sely give raise or misicating mic	Milation on tills works	icet, you may be med, be sentenced to jun or boun
Stu	ndent Signature		Date
			Date
XXX - X			Date
XXX - X	ХХ -		Date
XXX - X	ХХ -		Date
XXX - X	XX - s of Social Security Number		
XXX - X	XX - s of Social Security Number  FOR (	OFFICE USE ONL	<u>Y</u>
XXX - X	XX - s of Social Security Number  FOR (	OFFICE USE ONL	<u>Y</u>
XXX - X  Last Four Digit	XX - s of Social Security Number  FOR (	by of ID after verifyi	Y ing identity
XXX - X  Last Four Digit  Document Use:	s of Social Security Number  FOR (  Attach photocor	oy of ID after verifyi	Y ing identity □ Other Government-Issued ID

\_\_\_\_\_ Student ID:\_\_\_\_\_