



COLLEGE OF THE CANYONS - FINANCIAL AID OFFICE

26455 Rockwell Canyon Road • Santa Clarita, California • 91355
Phone: (661) 362-3215 • Fax: (661) 362-5617 • www.canyons.edu/money4college

2019-2020 Statement of Educational Purpose

Section 1: Student Information and Identification

Last Name	First Name	COC ID Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														
Social Security Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								Date of Birth:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							

The student **must appear in person at College of the Canyons Financial Aid Office** to verify his or her identity by presenting an **original valid government -issued photo identification (*copies will NOT be accepted*)**, such as but not limited to a driver's license, other state-issued ID, or passport. College of the Canyons will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the college authorized to collect the student's ID. In addition, the student must sign, in the presence of the institutional official the following Statement of Education Purpose.

If the student is **unable to appear in person at College of the Canyons Financial Aid Office** to verify his or her identity, the student **must provide**:

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

Section 2: Statement of Educational Purpose (TO BE SIGNED IN PERSON AT COLLEGE OF THE CANYONS FINANCIAL AID OFFICE)

I certify that I, _____, am the individual signing this
(Print Student's Name)
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 2019-2020.
(Name of Postsecondary Educational Institution)

Certification and Signature: I hereby certify that all information reported on this form is true, complete, and accurate. I understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal, and/or repayment of aid disbursed.

(Student's Signature)	(Date)
(Witnessed By)	(Date)

Section 3: Notary's Certificate of Acknowledgement (ONLY TO BE COMPLETED IF UNABLE TO SIGN IN PERSON)

State of _____ City/County of _____

On _____, before me, _____
(Date) (Notary's Name)

personally appeared _____ and proved to me on basis of satisfactory evidence of identification,
(Printed name of signer)

_____ to be the above-named person who signed the foregoing instrument.
(Type of government-issued photo ID provided)

Witness my hand and official seal _____ My commission expires on _____
(seal) (Notary Signature) (Date)