

Office of Admissions & Financial Aid

(Firma del Estudiante)

(Número de Identificación del Estudiante)

Email: ncfinaid@ncf.edu | Fax: 941-487-5010

2014-2015 Academic Year

IDENTITY and STATEMENT OF EDUCATIONAL PURPOSE

(То Ве	Signed With Notary)
If the student is unable to appear in person at _	
	(Name of Postsecondary Educational Institution)
to verify his or her identity, the student must pro	vide:
	o identification (ID) that is acknowledged in the notary a driver's license, other state-issued ID, or passport; and
(b) The original notarized Statement of Education	onal Purpose (in English or Spanish) provided below.
Statement	t of Educational Purpose
I certify that I	am the individual signing this
	hat the federal student financial assistance ational purposes and to pay the cost of attending
·	
New College of Florida (Name of Postsecondary Educational Institution	for 2014-2015.
(Name of 1 osisecondary Educational Institution)
(Student's Signature)	(Date)
(Student's ID Number)	
Declaración	n de Propósito Educativo
Certifico que yo,	, soy el individuo que firma esta
Imprimir Nombre del E Declaración de Finalidad Educativa y qu	studiante) le la ayuda financiera federal estudiantil que yo
	nes educativos y para pagar el costo de asistir a
New College of Florida (Imprimir Nombre de Institución Educativa Pos	para 2014-2015.
(Imprimir Nombre de Institución Educativa Pos	stsecundaria)

(la Fecha)



Name	Student ID Number	Page 2

Notary's Certificate of Acknowledgement

State of			
City/County of			
On	, before me,		
(Date)		(Notary's name)	
personally appeared,			_, and provided to me
	(Printed name	e of signer)	
on basis of satisfactory ev	vidence of identification		
		(Type of government-issu	ed photo ID provided)
to be the above-named pe	erson who signed the fo	regoing instrument.	
WITNESS my hand and (seal)	official seal		
		(Notary sign	nature)
My commission expires o	n		
	(Date)		