

2020-2021

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

STUDENT NAME:				
LAS	ST .	FIRST		
STUDENT NUMBER:				
presenting an unexpired	valid government-issue ed ID, or passport. The on with the date it was	ed photo identification (I institution will maintain a received and reviewed,	D), such as, a copy of the	verify his or her identity by but not limited to, a driver' student's photo ID that is ne of the official at the
n addition, the student n Purpose provided below	•	ce of the institutional off	icial, the Sta	tement of Educational
	Statement of Edu	ucational Purpose		
I certify that I	y that I am the individual signing this (Print Student's Name)			
	(Print Student's Name	e)		
	ce Community Colleg	ational purposes and to ge for 2020-2021.	(Date)	
(Student's ID Nui	,	ne Financial Aid office or one	e of the other s	ubmission options below:
<u>Dothan Campus</u>			Eufaula Cam	pu <u>s</u>
Mail: 114	41 Wallace Drive		Mail:	P.O. Drawer 580
	than, AL 36303			Eufaula, AL 36072
Mail: 114 Do Email: <u>fin</u>	41 Wallace Drive			P.O. Drawer 580
FINANC	IAL AID OFFICE USE	ONLY:		
DATE F	ORM AND ID RECEIVE	ED AND REVIEWED:		
RECEIV	FD BY			