



PO Box 17202
Trenton, NJ 08690
Federal School Code: 002641

Office Hours
9am-7pm, Monday-Thursday
9am-5pm, Friday
(see website for revised summer hours)
Email: finaid@mccc.edu
Fax: (609) 570 3888
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2016-2017 IDENTITY & EDUCATIONAL PURPOSE STATEMENT

INSTRUCTIONS

Either:

The student must appear in person at MCCC to verify his or her identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver's license, or other state- issued ID, or passport. MCCC 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 MCCC authorized to collect the student's ID.

OR

If the student is unable to appear in person at MCCC to verify his or her identity, the student must provide:

- 1. 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
2. The original notarized Statement of Education Purpose provided below.

A. Student Information

Form with fields for Last Name, First name, M.I., Social Security Number, Colleague ID, Address, Date of birth, City, State, Zip Code, Phone number.

B. Statement of Educational Purpose

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 Mercer County Community College for 2016 – 2017.

(Student's Signature) (Date) (Student's ID Number)

Notary's Certificate of Acknowledgement

(only needed if not able to appear in person at MCCC)

State of \_\_\_\_\_ City/County of \_\_\_\_\_
On \_\_\_\_\_, before me \_\_\_\_\_,
(Date) (Notary's name)
Personally appeared, \_\_\_\_\_, and provided to me
(Printed name of signer)
on basis of satisfactory evidence of identification \_\_\_\_\_
(Type of government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal \_\_\_\_\_
(seal) (Notary signature)

My commission expires on \_\_\_\_\_
(Date)

FOR OFFICE USE ONLY: Attach photocopy of ID after verifying identity

Document Used: \_\_\_\_\_ Date Received: \_\_\_\_\_ Authorized Name: \_\_\_\_\_