



Office of Financial Aid  
323 Erie Street, P.O. Box 5015, Port Huron, Michigan 48061-5015  
810-989-5530 fax 810-989-5774 [sc4.edu](http://sc4.edu)

Student ID: _____
Rec'd by: _____
Date: _____

**2024 -2025 Identity and Statement of Educational Purpose**  
(To be signed at SC4)

The student must appear in person at St. Clair County Community College to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. SC4 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 institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below:

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of  
(Print student's name)

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 St. Clair County Community College for 2024-2025.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student ID Number \_\_\_\_\_

I verified the applicant's identity in person and received the above information directly from the applicant.

SC4 Authorized Individual \_\_\_\_\_ Date \_\_\_\_\_



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**Identity and Statement of Educational Purpose  
 (To be signed with Notary)**

If the student is unable to appear in person at St. Clair County Community College to verify his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired 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 Statement of Educational Purpose, which is provided below, must be notarized.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this 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 St. Clair County Community College for 2024-2025.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student ID Number \_\_\_\_\_

**Notary’s Certificate of Acknowledgement**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_ (Date), before me, \_\_\_\_\_ (Notary’s name), personally appeared, \_\_\_\_\_ (Printed name of signer),

and provided to me 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** \_\_\_\_\_ (Notary signature)

My commission expires on \_\_\_\_\_