Southwestern Michigan College
2024-2025 Identity and Statement of Educational Purpose

Financial Aid Office, 58900 Cherry Grove Road, Dowagiac, MI 49047
Phone: 269.783.2143 Fax 269.783.2114 Email: finaid@swmich.edu

**To Be Signed in the Presence of a Notary**

Instructions:
If the student is unable to appear in person at Southwestern Michigan College 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 or that is presented to a notary, 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 and must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document 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 _______________________________ (Name of Postsecondary Educational Institution) for 2024-2025

________________________________________
Student’s Signature

________________________________________
Date

________________________
Student’s ID Number

Notary’s Certification of Acknowledgement

Notary’s certification may vary by state

State of __________________ City/County of __________________________ On (Date) ____________, before me (Notary’s Name), __________________________________________, personally appeared (Printed Name of Signer), __________________________________________, and proved to me on basis of satisfactory evidence of identification (Type Gov’t. of 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: ________________________________

(Date)

(To be completed by SMC staff)

________________________
SMC Staff Signature

________________________
Date

Yes □

________________________
Copy of Identification