



**2019–2020 Identity and Statement of Educational Purpose (To Be Signed with Notary)**

If the student is unable to appear in person at Trinity College of Nursing and Health Sciences to verify his or her identity, the student must provide: (Name of Postsecondary Educational Institution)

- (a) A copy of the unexpired 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 provided below, which 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**

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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 Trinity College of Nursing and Health Sciences for 2019-2020. (Print Student’s Name) (Name of Postsecondary Educational Institution)

\_\_\_\_\_  
(Student’s Signature) (Date) (Student’s ID Number)

**Notary’s Certificate of Acknowledgement**

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State of \_\_\_\_\_ City/County of \_\_\_\_\_ on

\_\_\_\_\_, before me, \_\_\_\_\_, personally appeared, (Date) (Notary’s Name)

\_\_\_\_\_, and provided to me on basis of satisfactory evidence of (Printed Name of Signer)

identification \_\_\_\_\_ to be the above-named person who signed the (Type of Government-Issued Photo ID Provided)

foregoing instrument.

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

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