

2023-2024 Identity and Statement of Educational Purpose

(To Be Signed with Notary)

If the student is unable to appear in person at <u>Trinity College of Nursing and Health Sciences</u> to verify (Name of Postsecondary Educational Institution)

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, 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 o	of
to pay the cost of attending		cial assistance I may receive will only be used for e and Health Sciences for 2023-2024.	educational purposes and
			(Student's Signature)
	(Date)	(Student's ID Number)	(
Notary's Certificate of	*******	*****	******
State of	City/Co	unty of on	
, b (Date)	efore me,	, personally appea (Notary's Name)	ared,
(Printe	, and prove ed Name of Signer)	ed to me because of satisfactory evidence of	
identification	(Type of Government-Issued	to be the above-named person who signed I Photo ID Provided)	d the
foregoing instrument.			
WITNESS my hand and offic	cial seal	(Notary Signature)	
My commission expires on		(Date)	