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2019-2020 Academic Year

## Identity and Statement of



## Educational Purpose (in person)

Student Last Name:	Student First Name:	Student	ID:
		<u>@</u>	
form to our office. Incomplete for Federal regulations require FSW t	Application for Federal Student Aid (FAFSA), rms or conflicting information will delay the presonality that your FAFSA is accurate and it will ments with Personally Identifiable Information	rocess. Submitted documents may requiple to corrected with the information proving the corrected with the correc	ire additional documentation. ided on this form. Please read
	atement of Educational Purporties completed in the presence of an FSW F		
	), only, in the presence of a FSW Financia opies are not acceptable. Acceptable IDs	include but are not limited to: e ed ID	alid government issued
	am the indassistance I may receive will only be used ollege for 2019-2020.		
	S	tudent Signature	Date
	*****OFFICE USE (	ONLY****	1
	Type of ID presented by student:		
	Date presented and copied:  Name of FSW official who		
	reviewed the identification:		

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2019-2020 Academic Year

## Identity and Statement of



Educational Purpose (by mail)

Student Last Name:	Student First Name:	S	Student ID:	
			)	_
orm to our office. Incomplete forms of ederal regulations require FSW to ver arefully. DO NOT EMAIL documents	ication for Federal Student Aid (FAFSA or conflicting information will delay the prify that your FAFSA is accurate and it wis with Personally Identifiable Information	process. Submitted documents n II be corrected with the informat n (PII) (i.e. SSN, Full Name, Phone	nay require addit ion provided on t #, Address).	ional documentatior his form. Please reac
to FSW a copy of a valid governi	carefully): ence of a notary if you, the student, a ment-issued photo identification (II Educational Purpose (Section B).			
original notarized statement of i	Mailing address: Florida S Office o 8099 Co	SouthWestern State College f Student Financial Aid llege Parkway ers, Florida 33919		
certify that I PRINT ST	am the in	dividual signing this Stateme	nt of Education	al Purpose and tha
e federal student financial assist	tance I may receive will only be used	d for educational purposes ar	nd to pay the co	ost of attending
orida SouthWestern State Colleg	ge for 2018-2019.			
	_	Student Signature		Date
	Notary's Certificate of A	Acknowledgement		
ate of	City/County of	on	DATE	, before me,
	personally appeared,			
	of identificationTYPE OF GOVERNMENT			
gned the foregoing instrument.				·
, , ,				
	WITNESS my hand a	and official seal		
	(NOATARY	SEAL)		
	(Notary Signa	sture)		
	My commission expires on	VAIE		