



**2024-2025 Verification of
Identity/Statement of Educational Purpose
(To Be Signed at the Institution)**

(Last Name)	(First Name)	(MI)	(Student ID)
			() -
(Current Address)	(City)	(State)	(Zip Code) (Telephone Number)

The student must appear in person at the Cankdeska Cikana Community College Financial Aid Office to verify 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.

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

Your financial aid cannot be processed until this information is received.

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student’s Name)
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 Cankdeska Cikana Community College for 2024-2025.

Student’s Signature: _____ **Date:** ____/____/____

Spouse or Parent Signature: _____ **Date:** ____/____/____

Warning: If you purposely give false or misleading information on the worksheet, you may be fined, sentenced to jail, or both.