

Return to: CCCC Financial Aid Office

PO Box 269 Fort Totten ND 58335  
(Phone) 701-766-2370  
(Fax) 701-766-1344  
Questions: Email:  
lindsey.onebear@littlehoop.edu

**2024-2025 Verification of  
Identity/Statement of Educational Purpose  
(To Be Signed With Notary)**

\_\_\_\_\_  
(Last Name) (First Name) (MI) (Student ID)

\_\_\_\_\_  
(Current Address) (City) (State) (Zip Code) (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
(Telephone Number)

If the student is unable to appear in person at Cankdeska Cikana Community College to verify 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.

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

**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 Cankdeska Cikana Community College for 2024-2025

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ On \_\_\_\_/\_\_\_\_/\_\_\_\_,  
before me, \_\_\_\_\_ personally appeared, \_\_\_\_\_  
(Notary's Name) (Printed name of signer)

and proved to me because of satisfactory evidence of identification \_\_\_\_\_  
(Type of unexpired government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**

(seal) \_\_\_\_\_  
(Notary Signature)  
My commission expires on \_\_\_\_/\_\_\_\_/\_\_\_\_

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**