

Office of Financial Aid and Veteran Services 2400 W. Bradley Avenue, U-286 Champaign, IL 61821-1899 E-mail: finaid@parkland.edu Telephone: 217-351-2222 Fax: 217-373-3807



Forms can be submitted by mail, fax (217/373-3807), or delivered in person. To ensure your privacy, Do <u>NOT</u> submit forms through email.

Name

Student's ID Number

A. Identity and Statement of Educational Purpose

The student must appear in person at Parkland College to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following English or Spanish Statement:

Statement of Educational Purpose

I certify that I, ______, the individual signing this Statement of Educational (Print Student Name) 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 Parkland College for 2023-2024.

(Student's Signature)

(Date)

Declaración de Propósito Educativo

| Certifico que yo, | , soy el individuo que firma esta |
|-------------------------------------|---|
| [Imprimir Nombre | 1 |
| Declaración de Finalidad Educati | va y que la ayuda financiera federal estudiantil que yo pueda recibir, sólo |
| será utilizada para fines educativo | os y para pagar el costo de asistir a Parkland College para 2023–2024. |

[Firma del Estudiante]

[la Fecha]

If the student is unable to appear in person at Parkland College to verify his or her identity, the student must provide:

. (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state-issued ID, or passport; and

(b) The original notarized Statement of Educational Purpose (in English or Spanish) provided below.

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|---|---|----|---|--|--|

| Notary's Ce State of Illinois City/County of | ertificate of Acknowledgement | | | | |
|---|---|--|--|--|--|
| On (Date), before me, | (Notary's name), personally | | | | |
| appeared, | _ (Printed name of signer), and proved to me on basis of | | | | |
| satisfactory evidence of identification | (Type of government-issued photo ID) | | | | |
| to be the above-named person who signed the foregoing instrument. | | | | | |
| WITNESS my hand and official seal (Notary signature) (Date) | | | | | |
| B. Certification and Signature | WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. | | | | |
| 1 0 0 | e information reported on this worksheet is complete and se information was reported on the FAFSA must sign and | | | | |
| Student's Signature | Date | | | | |
| Parent's Signature | Date | | | | |
| Important: You must re | turn all original worksheets to Parkland College. | | | | |

Parkland College ensures equal educational opportunities are offered to all students regardless of race, color, national origin, gender, disability, sexual orientation, veteran/Vietnam veteran era, age, or religion, and is Section 504/ADA compliant. For additional information or accommodations call 217-351-2505.