

Please return this form to:

Wilmington College Pyle Center Box 1184 1870 Quaker Way 937.382.6661 x600 wilmington.edu sos@wilmington.edu

Wilmington, OH 45177

2024-2025 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

| SECTION A: STUDENT INFORMATION | | | | | | |
|---|---|--|--|--|--|--|
| CTUDENT NAME | CTUDENT ID. | | | | | |
| STUDENT NAME: STUDENT ID: | | | | | | |
| Your application has been selected for verification. We are re your Free Application for Federal Student Aid (FAFSA) with th | equired by federal law (34 CFR, Part 668) to compare the information from the information provided on this form. | | | | | |
| This form must be completed and signed in the pi a Notary Public. Do NOT complete the form in a | RESENCE OF EITHER A WILMINGTON COLLEGE FINANCIAL AID OFFICIAL OR DVANCE. | | | | | |
| PLEASE NOTE: | | | | | | |
| ✓ We cannot continue processing your financial aid until al✓ All required documents must be uploaded to your Financial | | | | | | |
| SECTION B: IDENTITY/STATEMENT OF EDUCATIONAL | PURPOSE. COMPLETE OPTION B1 OR B2. | | | | | |
| You have <u>TWO OPTIONS</u> TO VERIFY YOUR IDENTITY/STATE | TEMENT OF EDUCATIONAL PURPOSE. COMPLETE ONLY ONE OPTION. | | | | | |
| TO BE SIGNED to, a driver's license, other state-issued ID photo ID that is annotated by the institutio official at the institution authorized to receive | Wilmington College Student One Stop Center to verify his or her overnment—issued photo identification (ID), such as, but not limited of or passport. The institution will maintain a copy of the student's on with the date it was received and reviewed, and the name of the eive and review the student's ID. • presence of the institutional official, the Statement of | | | | | |
| STATEMENT O | OF EDUCATIONAL PURPOSE | | | | | |
| I CERTIFY THAT I AM THE INDIVIDUAL SIGNING | | | | | | |
| (PRINT STUDE | NT'S NAME) | | | | | |
| | T THE FEDERAL STUDENT FINANCIAL ASSISTANCE MAY RECEIVE | | | | | |
| WILL ONLY BE USED FOR EDUCATIONAL PURPOSES AND 2024–2025. | D TO PAY THE COST OF ATTENDING WILMINGTON COLLEGE FOR | | | | | |
| STUDENT'S SIGNATURE: DATE: | | | | | | |
| Cause and a ID H. | | | | | | |
| Student's ID #: | | | | | | |
| | | | | | | |
| | DMPLETED BY AUTHORIZED FINANCIAL AID OFFICIAL | | | | | |
| I certify that I am an institutionally authorized indiv me and presented to me an original Valid Governme | vidual and the student identified above appeared in person before ent-Issued Photo ID. | | | | | |
| FINANCIAL AID OFFICIAL'S NAME: | | | | | | |
| FINANCIAL AID OFFICIAL'S SIGNATURE: | | | | | | |
| TYPE OF ID PROVIDED: | | | | | | |
| ID Number: Expiration Date: | | | | | | |
| | | | | | | |
| ATTACH COPY OF ORIGINALLY PRESENTED VALID | GOVERNMENT-ISSUED PHOTO IDENTIFICATION DOCUMENT. | | | | | |

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|----------------------|--|---|--------------------------------------|----------------------------|---------------------------|---|--|--|
| | | | | POSE. (CONTINUED) | | | | |
| OPTION B2 | | | | | | | | |
| | the student | : must provide t | o the institution: | | | | | |
| TO BE SIGNED IN | | | | | | | | |
| THE PRESENCE | a) | 1, 1, 5 | | | | | | |
| OF | | acknowledged in the notary statement below, or that is presented to a notary, such as, but | | | | | | |
| A NOTARY | | not limited to, a driver's license, other state-issued ID, or passport, | | | | | | |
| | | " AND " | | | | | | |
| | b) | b) The original Statement of Educational Purpose provided below, which must be notarized. If | | | | | | |
| SEE NOTE | | the notary statement appears on a separate page than the Statement of Educational Purpose, | | | | | | |
| BELOW | | there must be a clear indication that the Statement of Educational Purpose was the document | | | | | | |
| | | notarized. | | | | | | |
| | | | STATEMENT OF EDI | JCATIONAL PURPOSE | | | | |
| | | | | | | | | |
| I CEDTIEV T | I CERTIFY THAT I AM THE INDIVIDUAL SIGNING | | | | | | | |
| T CERTII T I | | | (PRINT STUDENT'S N | | THE INDIVIDUAL SIGNING | | | |
| THIS STAT | EMENT OF FD | LICATIONAL PIL | • | FEDERAL STUDENT FINANCIAL | ASSISTANCE MAY DECEIVE | | | |
| | | | | AY THE COST OF ATTENDING W | | | | |
| 2024-20 | | CEDOCATIONAL | TORT OSES AND TOTA | THE COST OF ATTENDING V | TEI-III GTON COLLEGE FOR | | | |
| STUDENT'S SIGNATU | | | | DATE: | | | | |
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| STUDENT'S II | D #: | | | | | | | |
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| | | N | OTARY'S CERTIFICATE | OF ACKNOWLEDGEMENT | | | | |
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| CITY, | /County of: | | | | | | | |
| On, | | | , BEFORE ME, | | | | | |
| ON, | | (DATE) | , DET ONE IME, | (PRINT N | OTARY'S NAME) | , | | |
| <u> </u> | | (DATE) | | [FKINT NO | TART S NAME) | | | |
| PERSONALLY AP | PEARED, | | | | AND PROVED TO ME | | | |
| | | | (PRINT STUDE | NT'S NAME) | | | | |
| | | | <u> </u> | , | | | | |
| BECAUSE OF SAT | TISFACTORY EVI | DENCE OF IDENT | IFICATION | | | | | |
| | | | (TYPE OF UNEXPIRED GOVERNMENT-ISSUED | | | | | |
| | | | | РНОТО І | D PROVIDED) | | | |
| TO DE THE ABOV | E NAMED DEDC | ON MUIO CICNIES | THE FORGOING INSTRUI | MENT | | | | |
| TO BE THE ABOV | E-NAMED PERS | ON WHO SIGNED | THE FORGOING INSTRU | MIEINI. | | | | |
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| (NOTARY'S SIGNATURE) | | | | | | | | |
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| (DATE) | | | | | | | | |
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| ATTACH | CORV OF ORIC | INIALLY BBESEN | TED UNEVENDED VALUE | | O IDENTIFICATION DOCUMENT | | | |



PLEASE NOTE THAT IF YOU CHOOSE OPTION B2, THIS FORM AND A COPY OF THE UNEXPIRED VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION DOCUMENT MUST BE MAILED TO WILMINGTON COLLEGE. FEDERAL LAW PROHIBITS US FROM ACCEPTING THIS FORM AS A FAXED OR SCANNED DOCUMENT.