

## 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

## 2025-2026 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

SECTION A: STUDENT INFORMATION							
STUDENT NAME:	STUDENT ID:						
Your application has been selected for verification. We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form.							
This form must be completed and signed in the presence of either a Wilmington College Financial Aid Official or a Notary Public. Do NOT complete the form in advance.							
	nancial aid until all required financial aid documents have been submitted. ded to your Financial Aid Student Self-Service Portal.						
SECTION B: IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE. COMPLETE OPTION B1 OR B2.							
You have <u>TWO OPTIONS</u> TO VERIFY YOUR IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE. COMPLETE ONLY ONE OPTION.							
The student must appear in person at the Wilmington College Student One Stop Center to verify his or her 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. 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 receive and review the student's ID. In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.							
STATEMENT OF EDUCATIONAL PURPOSE							
I CERTIFY THAT I	AM THE INDIVIDUAL SIGNING						
(PRINT STUDENT'S NAME)  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 WILMINGTON COLLEGE FOR  2025–2026.  STUDENT'S SIGNATURE:  DATE:							
STUDENT'S ID #:							
FOR OFFICE USE	ONLY – TO BE COMPLETED BY AUTHORIZED FINANCIAL AID OFFICIAL						
I certify that I am an institutionally authorized individual and the student identified above appeared in person before me and presented to me an original Valid Government-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 If the student is UNABLE TO APPEAR IN PERSON at Wilmington College to verify his or her identity,								
	the student m	ne student must provide to the institution:						
TO BE SIGNED IN	a) A copy of the unexpired valid government issued that identification (ID) that is							
THE PRESENCE	a)	a) A copy of the unexpired valid government–issued photo identification (ID) that is						
OF		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,						
A NOTARY		not limited to, a driver's license, other state–issued ID, or passport,  "AND"						
	b)	b) The <b>original</b> Statement of Educational Purpose provided below, which must be notarized. If						
SEE NOTE	<i>b)</i>	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						
BELOW	BELOW there must be a clear indication that the Statement of Educational Purpose was the document notarized.							
STATEMENT OF EDUCATIONAL PURPOSE								
I CERTIFY THAT I AM THE INDIVIDUAL SIGNING								
		•	INT STUDENT'S N	*				
				FEDERAL STUDENT FINANCIAL AY THE COST OF ATTENDING W				
2025-20		EDUCATIONAL PURP	OSES AND TO P	AT THE COST OF ATTENDING VV	FILMINGTON COLLEGE FOR			
STUDENT'S SIGNATU				DATE:				
310021113310111110								
STUDENT'S II	D #:							
		Notary'	S CERTIFICATE	OF <b>A</b> CKNOWLEDGEMENT				
	STATE OF:							
CITY	/County of:							
	7 COOKIT OI.							
On,			, BEFORE ME,			,		
	(Ľ	DATE)		(PRINT NO	TARY'S NAME)			
PERSONALLY AP	PEARED,		/		AND PROVED TO ME			
			(PRINT STUDE	NI S NAME)				
BECAUSE OF SAT	TISFACTORY EVIDE	NCE OF IDENTIFICATIO	ON					
(TYPE OF UNEXPIRED GOVERNMENT-ISSUED								
				PHOTO ID PROVIDED)				
TO BE THE ABOV	'E-NAMED PERSON	WHO SIGNED THE FO	RGOING INSTRUI	MENT.				
WITNESS MY HAND	AND OFFICIAL SE	AL						
(NOTARY'S SIGNATURE)								
STAMP								
SEAL								
HERE								
MY COMMISSION EXPI	RES ON							
(DATE)		(DATE)						
ATTACH	COPY OF ORIGINA	ALLY PRESENTED III	IEVDIDED VALID	GOVERNMENT-ISSUED PHOTO	DIDENTIFICATION 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.