

## **Identity/Statement of Purpose** 2024-2025

## **FINANCIAL AID**

Your Application was selected for review in a process called "Verification". In this process, Southern State will be comparing information you reported on your FAFSA application to the required documents submitted by you to the Financial Aid Office. The U.S. Department of Education requires that we verify this information before awarding federal financial aid. If there are differences between your application information and your submitted documents, our office will make an electronic correction on your FAFSA application.

Please print this document and complete it with a wet ink signature. The completed document and required ID must be submitted in person, or completed with a notary and mailed to the Financial Aid Office. Our contact information is at the bottom of the page.

Student Information		(Please Print)	
Student ID #:			
Last Name:		First Name:	
Address:		City:	
State:	Zip:	Email:	
not limited to, a driver's lice student's photo ID that is a the official at the institution	presenting an unexpired valid goense, other state-issued ID, or pannotated by the institution with authorized to receive and revieus	overnment-issued photo identificants is sport. The institution will maintain the date it was received and review the student's ID.  COLLEGE EMPLOYEE AS SIGNIFIED	ain a copy of the ewed, and the name of
review)Driver's l	Government Issued ID (SSCC Emp LicenseNon-Driving Submitted, contact Financial Aid	-	tument is copied forPassport
Student Signature:		Date:	
(SSCC Signature):		Date:	
	**SSCC employee who received	d documentation sign above**	
*******	*********	**********	*******
Phone: 800 628 7722 ext 25	515   Fax: 937 393 6682   financi	alaid@sscc edu   100 Hohart Drive	Hillshoro Ohio 45133

\*If the student cannot appear in person, the student must sign, in the presence of a notary, the statement in SECTION B. The notarized document plus a legible photocopy of the acceptable Photo ID must be submitted to or mailed to Southern State Community College.

ECTION B: Signature(s)		
certify that I	am the individual signing this Statement of	
ducational Purpose and that the federal student fi	inancial assistance I may receive,	
rill only be used for educational purposes and to p	ay the cost of attending	
outhern State Community College for 2024-2025.		
tudent Signature:	DATE:	
State of County of		
County of		
On, before me,		
personally appeared,	, and proved to me	
(Printed na	ame of signer)	
because of satisfactory evidence of identific		
	(Type of unexpired government-issued photo ID	
to be the above-named person who signed	provided)	
to be the above-hamed person who signed	the foregoing instrument.	
WITNESS my hand and official seal	Notary Seal (If Applicable)	
<b>,</b>		
(Notary signature)		
My commission expires on		