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Name of Financial Aid Applicant:

Gavilan College Financial Aid Office

5055 Santa Teresa Blvd. Gilroy, CA 95020

authorized to collect the student's ID.

Last	First	
G00		
Gavilan ID		

Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at	to
(Name of Postsecondary Educational Institution)	
verify his or her identity by presenting a valid government-issued photo identification (ID)), such as, but no
limited to, a driver's license, other state-issued ID, or passport. The institution will maint	ain a copy of the

student's photo ID that is annotated with the date it was received and the name of the official at the institution

In addition, the student must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I	I am the individual signing this (Print Student's Name)					
•						
Statement of Educational	Statement of Educational Purpose and that the federal student financial assistance					
I may receive will only be	receive will only be used for educational purposes and to pay the cost of attending					
	for 2018-2019.					
(Name of Postsecondary I	Educational Institution)					
(Student's Signature)	(Date)					
(Student's ID Number)						