Name of Financial Aid Applicar	nt:	ISEN17
Last	First	_
G00 Gavilan ID		

Gavilan College Financial Aid Office

5055 Santa Teresa Blvd. Gilroy, CA 95020

· · · · · · · · · · · · · · · · · · ·	ment of Educational Po Signed With Notary)	urpose
If the student is unable to appear in person at(	Name of Postsecondary F	ducational Institution)
(	Name of PostSecondary L	ducational institution)
to verify his or her identity, the student must provi	ide:	
(a) A copy of the valid government-issued photo below, such as but not limited to a driver's lice	` ,	,
(b) The original notarized Statement of Education	al Purpose provided belov	v.
Statement of	of Educational Purpose	
I certify that I(Print Student's Name)	am the individual sig	ning this
Statement of Educational Purpose and that the I may receive will only be used for educational		
(Name of Postsecondary Educational Instituti	on)	
(Student's Signature)	(Date)	_
(Student's ID Number)		
Notary's Certifi	cate of Acknowledgen	nent
State of		
City/County of, before me,		
(Date)	(Notary's name)	
personally appeared,		,and provided to me
(Printed name of on basis of satisfactory evidence of identification		
to be the above-named person who signed the fe	(Type of government-iss	ued photo ID provided)
WITNESS my hand and official seal (seal)		
	(Nota	ary signature)
My commission expires on(Date)		