

2024-2025 Identity and Statement of Educational Purpose

(To Be Signed In Front of a Notary)

Please complete the following information and mail to: Return within 10 business days. This form cannot be emailed or faxed.

STEP 1: STUDENT INFORMATION (Please Print)

BCC Financial Aid Office P. O. Box 266 Dublin, NC 28332

Last Name	First Name	M.I	BCC ID NUMBER
STEP 2: COMPLETE AND	SIGN IN THE PRESI	ENCE OF A NOTARY	
If the student is unable to a student must provide:	ppear in person at B	laden Community Col	lege, to verify his or her identity, the
	such as but not limited	l to a driver's license, o	ation (ID) that is acknowledged in the ther state-issued ID, or passport; and below.
	STATEMENT OF	' EDUCATIONAL F	URPOSE
I certify that I am the individu	ial signing this		
Statement of Educational Pur for educational purposes and	=		Name) sistance I may receive will only be used
(Name of Postsecondary Ed	ucational Institution	1)	
(Student's Signature)	(Date)	(Student	e's BCC ID Number)
NOT	ARY'S CERTIFIC	ATE OF ACKNOW	LEDGEMENT
State of	(City/County of	
on	efore me,(F	Printed Name of Notary)	, personally appeared,
(Printed Name of Signe		ided to me on basis of s	atisfactory evidence of identification
(Type of government-issued ph		the above-named pers	on who signed the foregoing instrument.
WITNESS my hand and offic (seal)	ial seal		
My commission expires on	(Date)		(Notary signature)