



COMMUNITY COLLEGE OF ALLEGHENY COUNTY

Allegheny Campus
808 Ridge Avenue
Pittsburgh, PA 15212
Ph: 412.237.CCAC
Fax: 412.237.3171

Boyce Campus
595 Beatty Road
Pittsburgh, PA 15146
Ph: 412.237.CCAC
Fax: 412.237.3173

North Campus
8701 Perry Highway
Pittsburgh, PA 15237
Ph: 412.237.CCAC
Fax: 412.237.3175

South Campus
1750 Clairton Road
West Mifflin, PA 15122
Ph: 412.237.CCAC
Fax: 412.237.3177

2023-24 Statement of Educational Purpose and Identity

In order to complete the Verification process, you will need to appear in person at the Financial Aid Office at the campus in which you are attending. You will also be required to present your valid government issued ID (such as a driver's license, military ID, passport, etc.) and this verification worksheet, to the financial aid administrator. Financial aid will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date. If you cannot appear in person to submit this worksheet, you will need to provide a copy of your government issued ID and this worksheet notarized by a public notary

CCAC STUDENT ID: \_\_\_\_\_

Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing 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 Community College of Allegheny County for 2023-2024.

Student's Signature and Date

Financial Aid Administrator's Signature and Date

FINANCIAL AID MUST MAKE A COPY OF THE STUDENT'S GOVERNMENT ISSUED ID AND KEEP WITH THIS FORM

Notary's Certificate of Acknowledgement

State of \_\_\_\_\_ City/County of \_\_\_\_\_ On \_\_\_\_\_ (Date)

before me, \_\_\_\_\_ personally appeared, \_\_\_\_\_ (Notary's Name) (printed name of signer)

And provided to me on basis of satisfactory evidence of identification \_\_\_\_\_ (Type of government-issued photo ID provided)

To be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal)

(Notary Signature)

(Date commission expires)