

Identity and Statement of Educational Purpose

2024-2025

Staff Signature

Date

Office of Financial Aid 1988 Newmark Avenue Coos Bay, Oregon 97420

Phone: 541.888.7352 fax 541.888.7492 Email: fao@socc.edu | website: www.socc.edu

Student's Name:	Student ID #:	_
•	ntement of Educational Purpose e Signed at Southwestern)	
	ern Oregon Community College Student First Stop Center or presenting valid government-issued photo identification (ID), other state-issued ID or passport.	
	Il maintain a copy of your photo ID that is annotated with the cial at the institution authorized to collect the ID.	
In addition, you must sign, in the presence of	of the institutional official, the following:	
Statemen	t of Educational Purpose	
I certify that I	am the individual signing this Statement of Education	ıal
(Print Student's Name) Purpose and that the federal student financi	al assistance I may receive will only be used for educational	
purposes and to pay the cost of attending	for 2024-2025.	
(Na	ne of Postsecondary Educational Institution)	
(Student's Signature)	(Date)	
(Student's ID Number)	Staff Printed Name	_