



Need Assistance?

Contact the Financial Aid Office
1290 North Ave
Cleveland, WI 53015
Toll Free: 1.888.GOTOLTC, ext. 1718
Email: financial.aid@gotoltc.edu
Fax: 920.693.1834

2022-2023 Identity and Statement of Ed Purpose Form (F23VG4 & F23VG5)

Your Free Application for Federal Student Aid (FAFSA) application has been selected for a process called verification. **Your financial aid award cannot be finalized, nor will funds be disbursed until verification is complete.**

A. STUDENT INFORMATION (please print clearly)

_____ Last name	_____ First name	_____ M.I.	_____ LTC Student ID #
_____ Address (include apt. no.)			_____ Date of birth
_____ City	_____ State	_____ Zip	_____ Phone number (include area code)

B. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (to be signed at LTC)

The student must appear in person at **Lakeshore Technical College** to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID. In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below:

Statement of Educational Purpose

I certify that I, DO NOT COMPLETE UNTIL PRESENT IN THE FINANCIAL AID OFFICE (student's printed name), 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 Lakeshore Technical College for 2022-2023.

Student Signature (required) DO NOT SIGN UNTIL PRESENT IN THE FINANCIAL AID OFFICE

Date _____

Student's ID Number _____

Declaración de Propósito Educativo

Certifico que yo, _____ (Imprimir Nombre del Estudiante) soy el individuo que firma esta *Declaración de Finalidad Educativa* y que la ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a Lakeshore Technical College para 2022-2023.

Firma del Estudiante, NO FIRMES HASTA ESTAR PRESENTE DE UN(A) REPRESENTANTE DE LA OFICINA DE ASISTENCIA FINANCIARA

Fecha _____

Número de Identificación del Estudiante _____

***If the student is unable to appear in person at Lakeshore Technical College to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I, DO NOT COMPLETE UNTIL PRESENT IN FRONT OF A NOTARY (student's printed name), 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 Lakeshore Technical College for 2022-2023.

Student Signature (required) DO NOT SIGN UNTIL PRESENT IN THE FINANCIAL AID OFFICE

Date _____

Student's ID Number _____

Declaración de Propósito Educativo

Certifico que yo, _____ (Imprimir Nombre del Estudiante) soy el individuo que firma esta *Declaración de Finalidad Educativa* y que la ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a Lakeshore Technical College para 2022-2023.

Firma del Estudiante NO FIRMES HASTA ESTAR PRESENTE DE UN(A) NOTARIO(A) PUBLICO(A)

Fecha _____

Número de Identificación del Estudiante _____

Notary's Certificate of Acknowledgement

State of _____ City/County of _____

On _____, before me, _____, personally appeared, _____

(Date) (Notary's name) (Printed name of signer)

on basis of satisfactory evidence of identification _____ to be the above-named person who signed the foregoing instrument. (Type of government-issued photo ID provided)

WITNESS my hand and official seal

(seal)

(Notary signature)

My commission expires on _____
(Date)

C. SIGN THE WORKSHEET

Certification and Signature

Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Print Student's Name

Student's ID Number

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date

Print Parent's Name

Date

Parent's Signature

Date

LTC Financial Aid Staff Signature

Date