Financial Aid Office, Richmond Community College
Phone 910.410.1726 Email: financialaid@richmondcc.edu

Serving Richmond and Scotland Counties

2026-2027 Identity and Statement of Educational Purpose

To be signed at the Institution

Student Name: _____ _____ _____ Student ID:_____
Last First MI

Address: _____ _____ _____ _____
P O Box or Street City State Zip

Telephone: _____Email: _____ Date of Birth: _____

The student must appear in person at Richmond Community College to verify his or her identity by presenting an unexpired 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 receive and review 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, _____ am the individual signing this
(Print Student's Name)

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 __Richmond Community College__ for 2026-2027.

_____ _____
Student Signature Date

_____ _____
Financial Aid Administrator Signature Date

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