



Student Financial Aid & Scholarships

1621 Dr. Martin Luther King, Jr. Drive
Little Rock, AR. 72202
Phone: (501) 420-1226 Fax: (501) 400-8662
Email: financialaid@arkansasbaptist.edu
Homepage: www.arkansasbaptist.edu
School Code 00108700

**Proof of Identity &
Educational Purpose
2016-2017**

Student's Name: _____ **CAMS ID:** _____
(Please print) Last First

Arkansas Baptist College needs information from you to process your Financial Aid Award.

The U.S. Department of Education requires that you provide proof of your identity and sign a Statement of Educational Purpose before federal student financial aid can be awarded or disbursed.

You must bring one of the listed government-issued photo identification cards to Arkansas Baptist College Office of Student Financial Aid and Scholarships (Library Annex, 1621 Dr. Martin Luther King Drive, Little Rock, AR).

If you are unable to come in person to the ABC Office of Student Financial Aid and Scholarships, you must take page 2 of this form and one of the photo ID cards listed here to a Notary Public and sign the Statement in the presence of the Notary.

Acceptable Government-issued Photo Identification:

- Driver's license Non-Driver's License Identification Card Passport

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of

(Print Student's Name)

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 Arkansas Baptist College for 2016-2017.

Student signs only in presence of witness: _____ **
(Student's signature)

Original ID card examined by:

(PRINT name of ABC FAO staff person) (Date)

Attach copy of student's photo ID card

**** Unable to come to ABC campus in person? Print & follow directions on page 2. ****

Student's Name: _____ ID#: _____
PRINT Last Name First Name

IF YOU ARE UNABLE TO COME TO THE ABC CAMPUS

You must take this page and a government-issued photo identification card (see page one) to a Notary Public and **sign the form in the presence of the Notary.**

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 Arkansas Baptist College for 2016-2017.

(Student's Signature)

(Date)

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,
(Date) (Notary's name)

personally appeared, _____, and provided to me
(Printed name of signer)

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)

My commission expires on _____ (Date)

Mail this **original** signed document AND **clear, legible photocopy of your ID card** to:

Office of Student Financial Aid & Scholarships
Arkansas Baptist College
1621 Dr. Martin Luther King Drive
Little Rock, AR 72202