## **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

## **Identity and Statement of Educational Purpose** 2022 - 2023

(To Be Signed at the Institution)

The student must appear in person atArkansas	Baptist College	to
(Nam	e of Postsecondary Educational Institution)	
verify his or her identity by presenting an unexpired vasuch as, but not limited to, a driver's license, other stamaintain a copy of the student's photo ID that is annot received and reviewed, and the name of the official at the student's ID.	te-issued ID, or passport. The institution ated by the institution with the date it was a second control of the	on will ົ vas
In addition, the student must sign, in the presence of t Educational Purpose provided below.	he institutional official, the Statement o	f
Statement of Educa	ational Purpose	
I certify that I	am the individual signing this	
(Print Student's Name)		
Statement of Educational Purpose and that the Federa only be used for educational purposes and to pay the <b>Arkansas Baptist College</b> (Name of Postsecondary Educational Institution) for 2022-2023.		ceive will
(Student's Signature)	(Date)	
(Student's ID Number)		
ID Type:		
	(Date Received)	
Financial Aid Administrator		