



**Office of Financial Aid**

1600 Dr. Martin Luther King, Jr. Drive  
Little Rock, AR. 72202  
Phone: (501) 420-1226 Fax: (501) 400-8662  
Email: [financialaid@arkansasbaptist.edu](mailto:financialaid@arkansasbaptist.edu)  
Homepage: [www.arkansasbaptist.edu](http://www.arkansasbaptist.edu)  
School Code 00108700

**Identity and Statement of Educational Purpose  
2023 – 2024  
(To Be Signed at the Institution)**

**Instructions:** This form can be completed in person or by mail.

**In person:** Bring this form to the Arkansas Baptist College, Office of Financial Aid. This form must be signed in the presence of an ABC official. You will also need to bring an unexpired valid government-issued photo identification.

**By mail:** If you are unable to appear in person to complete this form, you may mail the required documentation to the address provided. You will need to mail the following:

- Page two of this notarized original Statement of Educational Purpose signed by you.
- A notarized copy of your unexpired valid government-issued photo identification.

**Identity and Statement of Educational Purpose  
(To be Signed at the Institution)**

The student must appear in person at **Arkansas Baptist 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 (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 **Arkansas Baptist College** for 2023-2024.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Student's ID Number \_\_\_\_\_

**ID Type:** \_\_\_\_\_

\_\_\_\_\_

Financial Aid Administrator's Signature \_\_\_\_\_



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## Identity and Statement of Educational Purpose 2023 – 2024 (To Be Signed in the Presence of a Notary)

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

- A copy of an unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- The original Statement of Educational Purpose provided below must be notarized.

### Statement of Educational Purpose

I certify that I (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 **Arkansas Baptist College** for 2023-2024.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's ID Number

### Notary's Certification of Acknowledgement

State of \_\_\_\_\_

City /County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's name)

personally Appeared, \_\_\_\_\_, and proved 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.

Subscribed and Sworn before me this \_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public (Seal)

My Commissions Expires \_\_\_\_\_

Mail to:  
Arkansas Baptist College  
Office of Financial Aid  
1600 Dr. Martin Luther King, Jr. Drive  
Little Rock, AR 72202