



2014-2015 Identity and Statement of Educational Purpose

Name of Financial Aid Applicant *(Please Print)*

Last First Middle

Date of Birth: _____
Month Day Year

Student ID#: _____ Social Sec# _____

RETURN TO:

San Bernardino Valley College
Financial Aid Office – AD/SS 106
San Bernardino, CA 92410
701 S. Mt. Vernon Ave.

****THIS FORM MAY NOT BE MAILED OR DROPPED OFF – MUST BE COMPLETED IN PERSON****
(To Be Signed With Institution)

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
San Bernardino Valley College for the 2014-2015 academic year.

(Student's Signature)

(Date)

For Office Use Only:

The above students' valid government-issued photo identification (ID), such as but not limited to a driver's license, other state-issued ID, or passport was verified by the staff listed below and a photocopy is provided, attached to this form.

Verified by: _____
(Staff's Signature) *(Date)*

(Print Name) *(Title)*

****DO NOT MAIL THIS FORM TO DEPT OF EDUCATION – PLEASE HAND DELIVER TO THE SBVC FINANCIAL AID OFFICE.****