



2020-2021

To be signed at the Institution

Identity and Statement of Educational Purpose

Student Financial Services • 1 Ferncroft Road • Danvers, MA 01923-0840

978-762-4189

www.northshore.edu/paying/financial-services

sfs@northshore.edu

Required (please print)	ISEP								
Student ID# <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">N</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> Last Name: _____ First Name: _____	N	0	0						<p><i>Your 2020-2021 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. You are required to complete this form in order to complete the review process. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA and make any necessary changes</i></p>
N	0	0							

The student must appear in person at North Shore Community College to verify his or her identity by presenting a 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 collect the student's ID. In addition, the student must sign, in the presence of the institutional official, the following:

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 North Shore Community College for 2020-2021.

STUDENT'S SIGNATURE _____

DATE _____

We cannot accept digital signatures.

For Office use only:

NSCC Staff Member: _____ Date: _____

Photo ID: Must attach a copy

- Driver's License
- Passport
- State issued ID
- Other _____