



**2024-2025 Statement of Educational Purpose**

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Initial)

\_\_\_\_\_  
(College ID or SSN)

- 1. The student must appear in person at Columbia-Greene Community College to verify his or her identity by presenting an *unexpired* valid government-issued photo identification (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.**
- 2. In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.**

If the student is unable to appear in person at Columbia-Greene Community College to verify his or her identity, the student must provide:

- *A copy of the 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, which is provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.*

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ 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 **Columbia-Greene Community College** for 2024-2025.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(ID Number)

**Notary's Certificate of Knowledge**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_ (date),

before me, \_\_\_\_\_ (Notary's name) , personally appeared, \_\_\_\_\_, and provided to

me on basis of satisfactory evidence of identification \_\_\_\_\_ (ID type) to be the above-named person

who signed the foregoing instrument.

**WITNESS my hand and official seal**  
(Seal)

**Notary Signature:** \_\_\_\_\_

**My commission expires on:** \_\_\_\_\_

***For Internal Use Only***

\_\_\_\_\_  
(Signature of witnessing C-GCC Staff Member)

\_\_\_\_\_  
(Date)

HS Proof \_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

**Please bring this worksheet along with a valid government issued photo ID to:  
Columbia-Greene Community College Financial Aid Office  
4400 Route 23 \* Hudson, NY \* 12534  
Phone: 518-697-6360 \* Email: [finaid@sunycgcc.edu](mailto:finaid@sunycgcc.edu)**