

2024-2025 Federal Student Aid Identity and Statement of Educational Purpose

ISOEP
 V4, V5

Student Information

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|-------------------------------|-------------------|-----------|------------------------------------|
| Last Name | First Name | MI | Student ID Number |
| | | | |
| Maricopa Email Address | | | Phone Number with Area Code |
| @maricopa.edu | | | |

To Be Completed and Signed at the Institution

You (the student) must appear in person at the Institution you plan to attend to verify your identity as follows:

1. You must sign, in the presence of an Institutionally-Authorized Staff Member at the institution, the Statement of Educational Purpose (in English or Spanish) provided below; **and**
2. You must present 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 your photo ID that is annotated by the College or Skill Center with the date it was received and reviewed, and the name of the Official at the Institution authorized to receive and review your ID.

Statement of Educational Purpose (To be signed in the presence of the School Official)

I certify that I, _____, am the individual signing this *Statement of Educational Purpose*, and that the
 (Print Student's First & Last Name)
 federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending
A Maricopa Community College or Skill Center for 2024-2025.
 (Name of Postsecondary Educational Institution)

_____ (Student's Signature) _____ (Date)

_____ (Student's ID Number)

Declaración de Propósito Educativo (Firmar en presencia de Personal Administrativo)

Certifico que yo, _____, soy el individuo que firma esta *Declaración de Propósito Educativa*, y que la
 [Imprimir Nombre y Apellido del Estudiante]
 ayuda financiera federal estudiantil que yo pueda recibir sólo será utilizada para fines educativos y para pagar el costo de asistir a
Cualquiera de Los Colegios Comunitarios de Maricopa o Skill Centers para 2024-2025.
 [Imprimir Nombre de Institución Educativa Postsecundaria]

_____ [Firma del Estudiante] _____ [La Fecha]

_____ [Número de Identificación del Estudiante]

For Official Use Only - To be completed by an Institutionally Authorized Staff Member at the Institution.

Confirm validity of student's photo ID, Attach legible copy of photo ID with annotation (Name, Signature, and Date), and Complete section below:

I certify that on this date _____, this Statement of Educational Purpose was signed before me and I obtained a copy of this
 (Date Received)
 student's valid unexpired government-issued photo Identification (ID).

_____ (Print Name of Institutionally-Authorized Staff) _____ (Staff Initials)

Non-Discrimination Statement

The Maricopa County Community College District (MCCCD) is an EEO / AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX / 504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit <http://www.maricopa.edu/non-discrimination>.

| Last Name | First Name | Student ID Number |
|-----------|------------|-------------------|
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| ISOEP V4, V5 |
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To Be Completed and Signed with a Notary (ONLY if unable to appear in person at the Institution)

If you (the student) are unable to appear in person at the institution you plan to attend, then you must verify your identity as follows:

1. You must submit the ORIGINAL Statement of Educational Purpose (in English or Spanish) provided below, which must be notarized. This document must be provided by postal mail only (a faxed or emailed Statement is NOT acceptable, and will NOT be processed); and
2. You must submit 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.

Statement of Educational Purpose (To be signed in the presence of the Notary)

I certify that I, _____, am the individual signing this *Statement of Educational Purpose*, and that the
(Print Student's First & Last Name)
federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending
A Maricopa Community College or Skill Center for 2024-2025.
(Name of Postsecondary Educational Institution)

(Student's Signature) _____
(Date)

(Student's ID Number)

Declaración de Propósito Educativo (Firmar en presencia de Notario)

Certifico que yo, _____, soy el individuo que firma esta *Declaración de Propósito Educativa*, y que la
[Imprimir Nombre y Apellido del Estudiante]
ayuda financiera federal estudiantil que yo pueda recibir sólo será utilizada para fines educativos y para pagar el costo de asistir a
Cualquiera de Los Colegios Comunitarios de Maricopa o Skill Centers para 2024-2025.
[Imprimir Nombre de Institución Educativa Postsecundaria]

[Firma del Estudiante] _____
[La Fecha]

[Número de Identificación del Estudiante]

Notary's Certificate of Acknowledgement (Student must sign in presence of Notary)

State of _____, City/County of _____
On _____, before me, _____, personally appeared _____,
(Date) (Notary's name) (Printed name of signer)
and proved to me because of satisfactory evidence of identification _____ to be the
(Type of unexpired government-issued photo ID provided)
above-named person who signed the foregoing instrument. **WITNESS my hand and official seal**

(Notary signature) My commission expires on _____
(Date) (seal)

For Official Use Only - To be completed by an Institutionally Authorized Staff Member at the Institution.

Review the student's Statement of Educational Purpose and photo ID before completing and initialing below.

I certify that on this date _____, I obtained the ORIGINAL notarized Statement of Educational Purpose along with a copy of
(Date Received)
this student's valid unexpired government-issued photo Identification (ID).

(Print Name of Institutionally-Authorized Staff) _____
(Staff Initials)

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