

Identity and Statement of Educational Purpose 2024-2025 (To Be Signed with Notary)

	ID#:			
Student Last Name	Student First Name	MI	6 digits only	
If the student is unable to	appear in person at Saint Augustine	's University to verify hi	s or her identity, the student must provid	le:
	government-issued photo ide d to a driver's license, other state-i		s acknowledged in the notary statement and	below,
(b) The original notarized	d Statement of Educational Purpos	se provided below.		
Purpose and that		ce I may receive will only	dividual signing this Statement of Education	
(S	tudent's Signature)		(Date)	
photograph identific ***********************************	**************************************	*******************cate of Acknowledgeme	***************************************	***
City/County of				
On(<i>Date</i>)	, before me,	(Notary's name) perso		
	(Printed name of signer)	, and provided to me on b	asis	
of satisfactory evidence of	f identification			
be the above-named person	(Type of go on who signed the foregoing instrume	overnment-issued photo ID pro ent.	vided) to	
WITNESS my hand and	official seal	(Notary signature)		
(seal)	My commission expires on	(Date)		



(FAXED COPIES ARE NOT ACCEPTED)

Mail completed form to:

The Office of Financial Aid and Scholarships Saint Augustine's University 1315 Oakwood Ave Raleigh, North Carolina 27610