

149 S. E. College Place Lake City, FL 32025-2007 (386) 754-4284 www.fgc.edu

## **Identity and Statement of Educational Purpose**

If the student is unable to appear in p	person atFlorida Gateway (Name of Postsecondary Educ	
her identity, the student must provide		ational institution)
notary statement below, such passport; and	nent-issued photo identification (ID) as but not limited to a driver's lice	ense, other state-issued ID, or
(b) The original notarized staten	nent of Educational Purpose provid	ied below.
State	ment of Educational Purpos	s <b>e</b>
I certify that I		_ am the individual
(Print St	tudent's Name)	
	icational Purpose and that the feder	
	only be used for educational purpo	
cost of attendingFlo	orida Gateway College_ Postsecondary Educational Institution)	for
(Name of F	ostsecondary Educational Institution)	(Aid Year)
(Student's Signature)	(Da	ite)
(Student's ID Number)		
Notary's	Certificate of Acknowledge	ment
State of County of		
Before me, the undersigned notary public, the who being duly sworn according to law, dep		to me known,
Subscribed and sworn to before me this	day of, 20	
Notary Pu	ablic	
My Commission Expires:	Personally Known	
	Produced Identification	
Type of	Identification Produced	