



# Southwestern Michigan College

## 2025-2026 Identity and Statement of Educational Purpose

Financial Aid Office, 58900 Cherry Grove Road, Dowagiac, MI 49047  
Phone: 269.783.2143 Fax 269.783.2114 Email: finaid@swmich.edu



**\*\*To Be Signed in the Presence of a Notary\*\***

### Instructions:

If the student is unable to appear in person at Southwestern Michigan College to verify his or her identity, the student must provide:

- (a) A copy of the 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
- (b) The original Statement of Educational Purpose, which is provided below and 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  
Print Student's Name  
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 \_\_\_\_\_  
(Name of Postsecondary Educational Institution)  
for 2025-2026

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's ID Number

### **Notary's Certificate of Acknowledgement**

*Notary's certification may vary by state*

State of \_\_\_\_\_ City/County of \_\_\_\_\_ On (Date) \_\_\_\_\_,  
before me (Notary's Name), \_\_\_\_\_, personally appeared (Printed Name of  
Signer), \_\_\_\_\_, and proved to me on basis of satisfactory evidence of  
identification (Type Gov't. of ID Provided) \_\_\_\_\_ to be the above-named person who  
signed the foregoing instrument.

**WITNESS My Hand and Official Seal**

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

My commission expires on: \_\_\_\_\_  
(Date)

(To be completed by SMC staff)

_____ SMC Staff Signature	_____ Date	Yes <input type="checkbox"/> _____ Copy of Identification
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