

You must complete this form in the presence of a Financial Aid Counselor.

2024-25 Identity and Statement of Educational Purpose (V4, V5)
(To be signed at the Institution)

STUDENT INFORMATION

| | | | |
|------------------------------------|------------|-------|----------------------------------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | M.I. | BCMSU ID Number |
| _____ | | | _____ |
| Address (include apartment number) | | | Social Security Number |
| _____ | _____ | _____ | _____ |
| City | State | Zip | Phone number (include area code) |

IDENTITY

The student must appear in person at Bloomfield College of Montclair State University to
(Name of Postsecondary Educational Institution)
verify his or her identity by presenting 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 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.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

STATEMENT of EDUCATIONAL PURPOSE

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)

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 Bloomfield College of Montclair State University for 2024-25.
(Name of Postsecondary Educational Institution)

| | | |
|-------------------|-------|-----------------------|
| _____ | _____ | _____ |
| Student Signature | Date | Student's CWID Number |

Declaración de Propósito Educativo

Certifico que yo _____ soy el individuo que firma esta
(Imprimir Nombre del Estudiante)

Declaración de Propósito Educativo y que la ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a Bloomfield College of Montclair State University para 2024-2025.
(Imprimir nombre de institución educativa postsecundaria)

| | | |
|----------------------|-------|---|
| _____ | _____ | _____ |
| Firma del estudiante | Fecha | Numero de identificación del estudiante |

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Office Use Only: [] HS Diploma/Transcript on file with Admissions Initials: _____ Date: _____

