



Office of Financial Aid 2015/2016 Identity and Statement of Educational Purpose In Person	FORM - 16IEPP
--	---------------

The student must appear in person at a Financial Aid Office at Holmes Community College to verify his or her identity by presenting a valid government-issued photo identification (ID) card, 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 collect the student’s ID.

**The student must sign, in the presence of a Financial Aid official, the following:**  
**If you are unable to sign in person, you must sign FORM 16 IEPN in the presence of a notary public.**

I, \_\_\_\_\_, certify that I am the individual signing this 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 **Holmes Community College** for 2015-2016.

\_\_\_\_\_  
 Print Student’s Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Student’s Signature

\_\_\_\_\_  
 Student’s Social Security Number

**Proof of Identity:**

(Valid government-issued photo identification (ID) includes but is not limited to a driver’s license, other state-issued ID, and/or passport.)

\_\_\_\_\_  
 Valid Government Issued ID

\_\_\_\_\_  
 ID Number

\_\_\_\_\_  
 Issuing Authority

\_\_\_\_\_  
 Expiration Date

**Financial Aid Office Acknowledgement**

The above named student personally appeared before me and provided to me on basis of satisfactory evidence of identification detailed above.

\_\_\_\_\_  
 Financial Aid Official – Print Name

\_\_\_\_\_  
 Financial Aid Official – Title

\_\_\_\_\_  
 Financial Aid Official – Signature

\_\_\_\_\_  
 Date

Return this form and all requested documentation by one of the following means: take to your campus Financial Aid Office, mail to Financial Aid Office, P O Box 216, Goodman, MS 39079, fax to 662-472-9170 or email to [gmuse@holmescc.edu](mailto:gmuse@holmescc.edu).