

www.fhtc.edu

620.343.4600 | 800.711.6947 | fax: 620.343.4610 3301 West 18th Avenue | Emporia, Kansas 66801

Return form to:

Flint Hills Technical College Attn: Financial Aid

2023-2024 Identity and Statement of Educational Purpose V4, V5

Student Informa	tion				
Last Name	First Name	M.I.	Social Security Number	Date of Birth	
Address			()_ Home Phone number	Student's Cell Phone number	
City	State	Zip Code	Student's Email Address		
Documentation	of Identity/Statement	of Educational I	Purpose		
<u>Identity</u>					
	o, a driver's license, milita		ge and present a valid govern The student must sign, in the	nment issued identification (ID) such e presence of a financial aid	
Statement of Educ	ational Purpose				
I certify that I am the individual signing this Statement of the individual signing the individual signin					
	e Federal student financia int Hills Technical College		receive will only be used for	educational purposes and to pay the	
Student's Signature and	udent's Signature and Date			Financial Aid Administrator Signature and Date	
	ear in person to submit t d ID and 2) this workshe			copy of your unexpired, valid	
Notary's Certificat	e of Knowledge				
State of	City/C	ounty of	on	n before me,	
(Notary's Name) personally appe			eared,	(printed name of signor) and	
provided to me on basis of satisfactory evidence of identification			n	(type of unexpired	
government-issued ID pr	rovided) to be the above na	med person who s	igned the foregoing instrume	ent.	
Witness my hand a	an official seal				
Witness my hand an official seal				Date commission expires	
(Seal)					

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