

Identity and Statement of Educational Purpose

To be completed in person in the presence of an official Watts College of Nursing school representative

Student's Name _____ Student's ID# _____

The student must appear in person at the Watts College of Nursing to verify his or her identity by presenting a 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 collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

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 The Watts College of Nursing for 2021–2022.

(Student's Signature)

(Date)

For Watts College of Nursing Financial Aid Office use only:

Check this box to acknowledge that a copy of the student's photo ID is attached to this form, signed and dated by the school official present when the form was completed.

Name of Counselor present when form was completed by Student: _____

Counselor's Signature: _____ Date: _____