Student Name _____ Student ID Number _____

Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at Baptist Health College to 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 students' 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 intuitional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

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

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 Baptist Health College for the 2026-2027 school year.

_____ _____ _____
(Student's Signature) (Date) (Student's ID Number)

WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED,

SENTENCED TO JAIL, OR BOTH.

Certifications and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

INDEPENDENT STUDENTS**: The student must sign and date.**

DEPENDENT STUDENTS: **The student and parent(s) must sign and date.**

_____ _____
Print Student's Name Student's ID Number

_____ _____
Student's Signature Date

_____ _____
Parent's Signature Date

Do not Mail this worksheet to the U.S Department of Education.

Submit worksheet to: Baptist Health College, Financial Aid Office, Little Rock, AR 72210 or

Bring Completed Forms to the Financial Aid Office at address above.