

Lacy Bailey 229-931-2755

Jasmine Mercer 229-931-2693

Kelly Everett 229-931-2351

Danyel Tobias 229-271-4070

Statement of Educational Purpose

(Tracking Group V4 & V5) *Please note: This form cannot be faxed.*

The student must appear in person at South Georgia Technical College to verify his or her identity by **presenting 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 with the date it was received 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 Purpose | (Print Student's Name | _ am the individual signing this Sta | atement of Educational |
| and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending South Georgia Technical College for 2023-2024. | | | |
| (| Student's Signature) | (Student's ID Number) | (Date) |
| Authorized Financial Aid Representative | | ative | Date |