



### 2024-2025 Identity and Statement of Educational Purpose (To Be Signed with Notary)

If the student is unable to appear in person at Trinity College of Nursing and Health Sciences to verify  
(Name of Postsecondary Educational Institution)  
his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver’s license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

#### Statement of Educational Purpose

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I certify that I \_\_\_\_\_ am the individual signing this Statement of  
(Print Student’s Name)  
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 Trinity College of Nursing and Health Sciences for  
2024-2025.  
(Name of Postsecondary Educational Institution)

\_\_\_\_\_  
(Student’s Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student’s ID Number)

#### Notary’s Certificate of Acknowledgement

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State of \_\_\_\_\_ City/County of \_\_\_\_\_ on

\_\_\_\_\_, before me, \_\_\_\_\_, personally appeared,  
(Date) (Notary’s Name)

\_\_\_\_\_, and proved to me because of satisfactory evidence of  
(Printed Name of Signer)

identification \_\_\_\_\_ to be the above-named person who signed the  
(Type of Government-Issued Photo ID Provided)

foregoing instrument.

WITNESS my hand and official seal \_\_\_\_\_  
(Notary Signature)

My commission expires on \_\_\_\_\_  
(Date)