



**Hinds Community College**  
**Office of Financial Aid**  
**2025-2026**  
**Statement of Educational Purpose**

**A. STUDENT INFORMATION**

\_\_\_\_\_  
Last Name                      First Name                      M.I.                      Phone number                      ID Number **(REQUIRED)**

**B. IDENTITY AND STATEMENT OF PURPOSE**

**(to be signed by an approved Institutional Official or in the Presence of a Notary)**

- 1) The student must appear in person at HINDS COMMUNITY COLLEGE 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.
- 2) In addition, the student must sign, in the presence of the Institutional Official, the Statement of Educational Purpose provided below:

**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 HINDS COMMUNITY COLLEGE for 2025-2026 academic year.

(Name of Postsecondary Educational Institution)

Student Signature: \_\_\_\_\_ ID # \_\_\_\_\_ Date: \_\_\_\_\_

College Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If unable to appear in person, Hinds Community College may accept a mailed and notarized copy of this document accompanied by a copy of a valid government-issued photo ID.**

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,

(Date)

(Notary's name)

personally appeared, \_\_\_\_\_, and proved to me

(Printed name of signer)

on basis of satisfactory evidence of identification \_\_\_\_\_

(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**

(seal)

\_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_

(Date)

Email: [finaid@hindsc.edu](mailto:finaid@hindsc.edu) - Contact us: 601-857-3223

**WARNING:** Purposely giving false or misleading information may lead to a fine, imprisonment or both.