



**Hinds Community College
Office of Financial Aid
2026-2027
Statement of Educational Purpose
and
Identity Verification**

A. STUDENT INFORMATION

Last Name First Name M.I. Hinds ID# **(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 2026-2027 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 _____

Email: finaid@hindsc.edu - Contact us: 601-857-3223 **WARNING:** Purposely giving false or misleading information may lead to a fine, imprisonment or both.