



**Hinds Community College  
Office of Financial Aid  
2017-2018  
Statement of Educational  
Purpose**

Office Use Only: Name: _____ ID: _____ FA17CEPS
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**A. STUDENT INFORMATION**

\_\_\_\_\_  
Last Name                      First Name                      M.I.                      Social Security# or ID#                      Phone number

**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  
**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.**
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  
\_\_\_\_\_ for 2017-2018  
(Name of Postsecondary Educational Institution)

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

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

**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)

**Hinds Community College Notice of Non-discrimination Statement:**  
In compliance with the following: Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies: Dr. Debra Mays-Jackson, Vice President for Administrative Services, 34175 Hwy. 18, Utica, MS 39175 601.885.7002 Dr. Tyrone Jackson, Associate Vice President for Student Services & Title IX Coordinator, P. O. Box 1100 Raymond Campus (Denton Hall 221), Raymond, MS 39154 601.857.3232 [titleIX@hindscc.edu](mailto:titleIX@hindscc.edu)  
**Disability Support Services Statement:**  
Hinds Community College provides reasonable and appropriate accommodations for students with disabilities. Disability Services staff members verify eligibility for accommodations and work with eligible students who have self-identified and provided current documentation. Students with disabilities should schedule an appointment with the designated Disability Services staff member on their respective campus to establish a plan for reasonable, appropriate classroom accommodations.