Allen COMMUNITY COLLEGE

Mail or Hand Deliver to:
Allen Community College Financial Aid Office
1801 N Cottonwood
Iola, KS 66749

2026-2027
Identity and Statement of Educational Purpose
(V4, V5)

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.
**** MAIL OR HAND DELIVER COMPLETED ORIGINAL FORM AND A COPY OF A VALID ID ****

STUDENT INFORMATION

_____ _____
Last Name First Name M.I. Allen ID Number

_____ _____
Address (include apartment number) Social Security Number

_____ _____
City State Zip Phone number (include area code)

IDENTITY

The student must appear in person and sign in front of a notary officer at ***Allen Community College or a Notary Officer off campus*** 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.

STATEMENT of EDUCATIONAL PURPOSE

I certify that I _____ am the individual signing
(Print Student's Name)
this 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 *Allen Community College* for 2026-2027.

_____ _____
Student Signature Date Allen ID Number

This form must be Notarized.

Subscribed and sworn before me this _____ day of_____, 20____ in (City) _____

_____ (County), _____ (State) My Commission expires: _____

(SEAL)

_____
Notary Public Signature

Official high school transcript must be in a sealed envelope and mailed or hand delivered to Admissions office.
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