



## Need Assistance?

Contact the Financial Aid Office  
1290 North Ave  
Cleveland, WI 53015  
Toll Free: 1.888.GOTOLTC, ext. 1718  
Email: [financial.aid@gotoltc.edu](mailto:financial.aid@gotoltc.edu)  
Fax: 920.693.1834

## 2024-2025 Identity and Statement of Ed Purpose Form (F25VG4 & F25VG5)

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) application has been selected for a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you (and your parent(s) or spouse if applicable) reported on your FAFSA. To verify that you provided correct information the LTC financial aid office will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences between your FAFSA application information and this worksheet and/or documents you submitted, LTC will send corrections electronically to the federal processing center to have your application reprocessed. **The LTC financial aid office may ask for additional information. Your financial aid award cannot be finalized, nor will funds be disbursed until verification is complete.**

### A. STUDENT INFORMATION (please print clearly)

_____	_____	_____	_____
Last name	First name	M.I.	LTC Student ID #
_____			_____
Address (include apt. no.)			Date of birth
_____	_____	_____	_____
City	State	Zip	Phone number (include area code)

### B. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (to be signed at LTC)

The student must appear in person at **Lakeshore Technical 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. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID. 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, \_\_\_\_\_ (student's printed name), am the individual signing 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 Lakeshore Technical College for 2024-2025.

Student Signature (required) \_\_\_\_\_

Date \_\_\_\_\_

Student's ID Number \_\_\_\_\_

#### Declaración de Propósito Educativo

Certifico que yo, \_\_\_\_\_ (Imprimir Nombre del Estudiante) soy el individuo que firma esta *Declaración de Finalidad Educativa* y que la ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a Lakeshore Technical College para 204-2025.

Firma del Estudiante, \_\_\_\_\_

Fecha \_\_\_\_\_

Número de Identificación del Estudiante \_\_\_\_\_

\*\*\*If the student is unable to appear in person at Lakeshore Technical College to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose, which is provided below, 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**

I certify that I, \_\_\_\_\_ (student's printed name), am the individual signing 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 Lakeshore Technical College for 2024-2025.

Student Signature (required) \_\_\_\_\_.

Date \_\_\_\_\_

Student's ID Number \_\_\_\_\_

**Declaración de Propósito Educativo**

Certifico que yo, \_\_\_\_\_ (Imprimir Nombre del Estudiante) soy el individuo que firma esta *Declaración de Finalidad Educativa* y que la ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a Lakeshore Technical College para 2024-2025.

Firma del Estudiante \_\_\_\_\_

Fecha \_\_\_\_\_

Número de Identificación del Estudiante \_\_\_\_\_

**Notary's Certificate of Acknowledgement**

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

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared, \_\_\_\_\_

(Date) (Notary's name) (Printed name of signer)

on basis of satisfactory evidence of identification \_\_\_\_\_ to be the above-named person who signed the foregoing instrument. (Type of government-issued photo ID provided)

**WITNESS my hand and official seal**

(seal)

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

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

\*\*\*\*\*

## C. SIGN THE WORKSHEET

---

### Certification and Signature

#### Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LTC Financial Aid Staff Signature

\_\_\_\_\_  
Date

Lakeshore Technical College (LTC) does not discriminate against protected classes, including but not limited to race, color, national origin, religion, sex, or gender – including sexual orientation, gender identity, gender expression, disability or age in employment, admissions, or its programs or activities. To handle inquiries regarding LTC's nondiscrimination policies, contact the Manager of Access, Equity, and Inclusion for students 920.693.1120, nicole.yang@gotoltc.edu / Executive Director of Human Resources for staff/others 920.693.1158, marissa.holst@gotoltc.edu. LTC, 1290 North Avenue, Cleveland, WI 53015.  
TTY 711 gotoltc.edu/equal-opportunity-statement