

Financial Aid 303 University Avenue, Newark, NJ 07102-1798 p: 973-877-3200 | f: 973-877-3586 Room 3220 | www.essex.edu/fa

2022-23 **IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE** (To Be Signed At The Institution)

Please print clearly.

Students in V4 and V5 verification groups MUST complete this form in person in the Newark office.

| tudent Last Name | <u>First Name</u> | <u>ECC</u> | D# | Home Phone | Cell Phone | |
|-----------------------|--|-----------------|----------------|-------------------------|------------------|--|
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| | | | | | | |
| Address | | | | | | |
| Address | | | | | | |
| City | State | | | 71D | ZIP | |
| City | Sidle | | | ZIF | | |
| Email Address | | | | | | |
| Lindii Addi ess | I | @ | | I | | |
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| | | Statement of | | | | |
| | (To I | Be Signed at t | ne Institution |) | | |
| In addition, the stud | lent must sign, in the pro | esence of the i | | | | |
| I certify the | it (Print Studen | | | _ am the individual siç | gning this | |
| | (Print Studen | t's Name) | | | | |
| | of Educational Purpose used for educational p | | | | nce I may receiv | |
| | for 2022-23. | | | | | |
| | (print Essex County College) | | | | | |
| | (Student's Signature) | | | (Date) | | |
| | (Student's ID Number) | | | | | |