

## 2016-17

Proof of Identity/Statement of Educational Purpose

Student Financial Services1500 College ParkwayElko, NV 89801Phone #: (775) 753-2399FAX #: (775) 753-2390WEB SITE:www.gbcnv.edu/financialEmail: financial-aid@gbcnv.edu

Student Name:		Date of Birth:	Student ID	
Home Address	PO Box#	City	State	Zip Code
Cell Phone#	Work Phone:	Valid Email Address:		

## Proof of Identity/Statement of Educational Purpose (Student Only)

Please submit: a copy of valid government-issued photo identification, including but not limited to a <u>driver's license</u> , or					
military identification or a valid passport.					
I, (print name), certify that the federal financial aid received will only be used for educational purposes to pay the cost of attending Great Basin College for <b>2016-17</b> .					
Student Signature:Date:Date:					
By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.					
Jurat					
State ofCounty ofSubscribed an date of, Subscribed an by,					
Notary Public					
My Commission Expires:					
This original form must be submitted in person to the GBC campus. Out of state students will need to submit					
the original form by mail. FAX or E-MAIL are unacceptable.					
Individuals who willfully submit fraudulent information and/or documentation to obtain federal funds will be investigated to the fullest extent possible. Cases of fraud will be reported to the Office of the Inspector General in Washington D.C					
I hereby certify that the information provided is true and correct to the best of my knowledge. If I purposely give false or misleading information to establish eligibility for <b>Federal Financial Aid</b> , I may be subject to \$10,000 fine, prison sentence, or both.					

Student Signature Date