



Amherst College

2024-2025 Identity and Statement of Educational Purpose Worksheet

Please return to:

Office of Financial Aid
B-5 Converse Hall
Box 5000
Amherst, MA 01002-5000
(413) 542-2628 fax
finaid@amherst.edu

STUDENT INFORMATION

Student's Name _____

Date of Birth _____

Amherst ID Number: _____

Phone number _____

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (To Be Signed at the Institution)

The student must appear in person at AMHERST COLLEGE, OFFICE OF FINANCIAL AID
(Name of Postsecondary Educational Institution)

to verify his/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 with the date it was received 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 following:

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose

(Print Student's Name)

and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending AMHERST COLLEGE for 2024-2025.

(Name of Postsecondary Educational Institution)

(Student's Signature)

(Date)

(Student's ID Number)