



Financial Aid
 1530 W. 17th St.
 Santa Ana, CA 92706

2025-2026

Name of Financial Aid Applicant (Please print)		
Last	First	Middle
Student ID Number: _____		

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

DO NOT UPLOAD OR EMAIL THIS FORM.

THE STUDENT MUST SIGN THIS FORM IN PERSON AT THE FINANCIAL AID OFFICE

The student must appear in person at the Santa Ana College Financial Aid Office (room JSC-201) to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. (Note: a student ID is not a valid form of ID.) Santa Ana College will maintain a copy of the student’s photo ID with the date it was received and reviewed, and the signature of the official at the institution authorized to receive and review the student’s ID.

STATEMENT OF EDUCATIONAL PURPOSE			
I certify that I _____ 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 Santa Ana College for 2024–2025.			
_____	_____	_____	_____
Student Signature	Date	SAC Financial Aid Employee Signature	Date

It is the policy of the RSCCD to fully comply with the requirements of the Americans with Disabilities Act. (BP 5140) Consistent with that policy, this material is available in alternative formats (such as accessible electronic text). Such materials and other disability accommodations will be provided as needed for program access upon request. Please contact the Financial Aid Office: financial_aid@sac.edu, 714-564-6242 for needed accommodations or alternate formats.