



**A. Student Information**

Student Name (Last Name, First Name, M.I.)	Student Id Number	Date of Birth
Street Address	City	State
Email	Contact Phone Number	Alternate Phone Number

**B. Identity and Statement of Educational Purpose**

The student must appear in person at Shelton State Community College to verify 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. 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 alabama.edu username. In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

**If the student cannot sign in person, this section must be completed and signed in the presence of a notary.**

If the student is unable to appear in person at Shelton State Community College to verify his or her identity, the student must provide the following.

1. A copy of an unexpired, 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
2. The original notarized Statement of Educational Purpose provided below

**Identity and Statement of Educational Purpose**

I certify that I, \_\_\_\_\_, am the individual signing this Statement of Educational Purpose and that  
Student Name

the federal student financial assistance I may receive will be used only for educational purposes and to pay the cost of attending Shelton State Community College for 2026-2027.

Student Signature	Student Id Number ( <a href="mailto:Axxxxxx@alabama.edu">Axxxxxx@alabama.edu</a> )	Date
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**Notary’s Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_, before me, \_\_\_\_\_,  
Date Notary Name  
 personally appeared, \_\_\_\_\_, and provided to me on basis of satisfactory evidence of identification  
Printed Name of Signer

\_\_\_\_\_ to be the above-named person who signed the foregoing instrument.  
Type of Government-issued Photo ID Provided

**Witness my hand and official seal** \_\_\_\_\_ . My commission expires on \_\_\_\_\_ .  
Notary Signature Date

**(Notary Seal)**

**C. Certification and Signatures:**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. If dependent, the student and one parent must sign and date this worksheet.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if dependent student)

\_\_\_\_\_  
Date

**WARNING: If false information is purposely provided on this worksheet, you may be fined, sentenced to jail, or both. You may also be subject to disciplinary action by the College.**

**IMPORTANT: Once we receive your completed documentation, please allow ten (10) business days for verification/corrections to be processed and indicated on your myShelton account.**

**Do not mail this worksheet to the U.S. Department of Education.  
This form and other required documents should be mailed or delivered to the address listed below.**

**SSCC Enrollment Services Office  
9500 Old Greensboro Road  
Tuscaloosa, Alabama 35405**

**Make a copy of this worksheet for your records.**

The Free Application for Federal Student Aid (FAFSA) is the only form a student is required to complete to be considered for student assistance from any of the Title IV/Higher Education Acts (HEA) programs. No additional application or other request for information can be required by an institution in support of the student's request for Title IV/HEA program assistance, except for information needed to ensure the student's eligibility for such assistance (e.g., information needed to complete verification or to demonstrate compliance with the student eligibility provisions of the HEA and the regulations).

Each institution will make reasonable accommodations for qualified disabled applicants or employees.

It is the policy of the Alabama Community College System Board of Trustees and Shelton State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, national origin, religion, marital status, disability, gender, age, or any other protected class as defined by federal and state law, be excluded from participation, denied benefits, or subjected to discrimination under any program, activity, or employment.