

**TEXAS A&M UNIVERSITY-CORPUS CHRISTI**  
**Office of Student Financial Assistance**  
**2024-2025 Identity and Statement of Educational Purpose**

Name: \_\_\_\_\_ Student ID: A \_\_\_\_\_

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I certify that I \_\_\_\_\_ am the individual signing this  
(Print Student's Name)

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 Texas A&M University-Corpus Christi for 2024-2025.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's ID Number

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*For Office use only: Copy Photo ID*

\_\_\_\_\_  
Financial Aid Staff Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature