

## 2023-2024 Statement of Intent

3028 Lindbergh Ave. Bellingham, WA 98225 • (360)752-8351• fax (360)752-7151• FinAid@btc.edu

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) has been selected for verification.

In most cases, students are selected for verification by the FAFSA processor. If you have questions about the verification process or any portion of this form, contact our office. After receiving your completed form and documentation, we may request additional clarifying information.

## **Priority Deadlines for Documents**

Summer Quarter: June 1
Fall Quarter: July 1
Winter Quarter: Nov 1
Spring Quarter: Mar 1

| <b>Student Information</b>  | n   |  |   |
|---|---|--|---|
|   |   |  |   |
| Last Name   | First Nan   | ne   | ctcLink ID  |
| Previous Last Name(s)  Email Required (Email is the default communication method)   |   |  | ult communication method)   |
| Statement of Intent   | - Please sign at BTC with witne   | ess at Student Finan   | icial Resources   |
| notarized. You must pr<br>U.S. passport. BTC w<br>name of the official at   | resent a valid, unexpired government ill maintain a copy of your photo ID | issued photo ID such a<br>that is dated with the d<br><b>lilitary ID cannot be a</b> | o verify your identity or have this document as a driver's license, other state-issued ID or late it was received and reviewed, and the accepted. In addition, you must sign this nancial Resources staff member. |
| Educational Purpose   |   | al assistance I may rece   | n the individual signing this Statement of eive will only be used for educational 23-2024.  |
| Student Signature   |   | Date   |   |
| This section MUST ONLY be completed if you are unable to appear in person at BTC The notary must witness you completing and signing this form, and you must include a copy of your valid, unexpired government-issued photo ID when you submit this form to our office. |   |  |   |
| -   | te of Acknowledgement:  |  |   |
| State of  | City/Cou  | unty of  |   |
|   |   |  | (Printed name of form signer)   |
| personally appeared before me,  |   |  | _(notary printed name), and proved to me on   |
| the basis of satisfactory evidence of identification  |   |  | _(valid government-issued ID provided)  |
| to be the above-nar   | med person who signed the foregoing                                       | ; instrument.  |   |
| Student Signature   |   |  |   |
| WITNESS my hai  | nd and official seal:   | SEAL:  |   |

**EBH031** 

My commission expires on:

Office Use Only Staff please make copy of ID to accompany form