



ATTLEBORO

# 2023-2024 Form 5 – Independent Applicant

Financial Aid Office  
Bristol Community College      777 Elsbree Street      Fall River, MA 02720

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for verification. You must confirm the information you reported on your FAFSA. Complete and sign this worksheet and submit the form and other required documents to the Financial Aid Office. Additional information may be requested once these documents are reviewed. If you have questions about verification, contact the Financial Aid Office.

An official high school (or high school equivalency) transcript is also required and must be submitted to the Financial Aid Office. This requirement is waived for applicants who have already submitted the official transcript to the Admissions Office.

900 _____ Bristol ID number	_____-_____-_____ Social Security number	_____/_____/_____ Date of Birth
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_____ Last Name	_____ First Name	_____ M. I.
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\_\_\_\_\_  
Street Address



**Statement of Educational Purpose**

I certify that I (print your name) \_\_\_\_\_,  
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 Bristol Community College for 2023-2024.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Student's ID Number \_\_\_\_\_

**Declaración de Propósito Educativo**

Certifico que yo, [Imprimir Nombre del Estudiante] \_\_\_\_\_  
soy el individuo que firma esta Declaración de Propósito Educativo, y que la ayuda financiera federal estudiantil que yo pueda recibir sólo será utilizada para fines educativos y para pagar el costo de asistir a Bristol Community College para 2023-2024.

Firma del Estudiante \_\_\_\_\_ la Fecha \_\_\_\_\_

Número de identificación del estudiante \_\_\_\_\_

Financial Aid Office Associate:

- 1. Student must sign this statement in your presence
- 2. FAO associate must sign this form
- 3. FAO associate must photocopy ID, sign and indicate date received
- 4. FAO retains ID copy and this statement for processing

Financial Aid Associate Signature \_\_\_\_\_ Date \_\_\_\_\_