

Financial Aid Office 130 Essex Street South Hamilton, MA 01982 P: 978-646-4018

Email: Finaidinfo@gordonconwell.edu

2023-2024 Identity and Statement of Educational Purpose

(To Be Signed at the Institution)

Student's Name	Student ID#
Your 2023–2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA.	
The student must appear in person at Gordon-Conwell Theologic presenting an unexpired valid government-issued photo identifical license, other state-issued ID, or passport. The institution will mannotated by the institution with the date it was received and review institution authorized to receive and review the student's ID	ation (ID), such as, but not limited to, a driver's aintain a copy of the student's photo ID that is
In addition, the student must sign, in the presence of the institution Purpose provided below.	onal official, the Statement of Educational
Statement of Educational Purpose	
I certify that I	am the individual signing this ancial assistance I may receive will only be
used for educational purposes and to pay the cost of attending Go	ordon-Conwell Theological Seminary for 2023-
2024	
Student's Signature	Date
For Office Use Only:	
GCTS Staff Member:	Date:
Photo ID: (Must attach a copy) □ Driver's License □ Passport □ State-Issued ID □ Other	