

## DRUG CONVICTION ELIGIBILITY WORKSHEET FOR 2009-2010

STUDENT NAME: \_\_\_\_\_

ID: \_\_\_\_\_

Complete this worksheet if you left question 23 on your FAFSA blank, or if you indicated that you have a drug-related conviction on your FAFSA. Count only federal or state convictions for the possession or sale of illegal drugs if the offense occurred during a period of enrollment for which you were receiving federal student aid (grants, loans, and/or work-study). **Do not** count convictions that have been removed from your record. **Do not** count convictions that occurred before you turned 18, unless you were tried as an adult.

1. Have you been convicted of the possession or sale of illegal drugs and the offense occurred while you were receiving federal student aid (grants, loans, and/or work-study)? <input type="checkbox"/> If your answer is <i>Yes</i> , continue to Question 2. <input type="checkbox"/> If your answer is <i>No</i> , skip the remaining questions and complete the signature section.	Yes    No
2. Have all of your federal or state drug-related convictions been removed from your record? <input type="checkbox"/> If your answer is <i>Yes</i> , skip the remaining questions and complete the signature section. <input type="checkbox"/> If your answer is <i>No</i> , continue to Question 3.	Yes    No
3. Did the offense for possessing or selling illegal drugs occur during a period of enrollment for which you were receiving federal student aid (grants, loans and/or work-study)? <input type="checkbox"/> If your answer is <i>Yes</i> , continue to Question 4. <input type="checkbox"/> If your answer is <i>No</i> , skip the remaining questions and complete the signature section.	Yes    No
4. Have you completed an acceptable drug rehab program since your last conviction? An acceptable drug rehabilitation program must: a) include at least 2 unannounced drug tests; and b) be qualified to receive funds from a federal, state, or local government <u>or</u> be qualified to receive funds from a federal or state licensed insurance company; <u>or</u> be administered or recognized by a federal, state, or local government agency or court, <u>or</u> be administered or recognized by a federal or state licensed hospital, health clinic, or medical doctor. <input type="checkbox"/> If your answer is <i>Yes</i> , skip the remaining questions and complete the signature section. <input type="checkbox"/> If your answer is <i>No</i> , continue to Question 5.	Yes    No
5. How many convictions do you have for possessing drugs? Count only federal or state convictions for the possession of illegal drugs if the offense occurred during a period of enrollment for which you were receiving federal student aid (grants, loans, and/or work-study). Do not count convictions that have been removed from your record. Do not count convictions that occurred before you turned 18, unless you were tried as an adult.	<u>Circle One</u> 0   1   2   3+
6. What was the date of your last conviction for <b>possessing</b> drugs? <input type="checkbox"/> If no convictions for possessing drugs, skip to Question 7. <input type="checkbox"/> If you have only one conviction for <b>possessing</b> drugs, add <b>one year</b> to your last conviction date and write this new date here: ___ / ___ / ___ <input type="checkbox"/> If you have two convictions for <b>possessing</b> drugs, add <b>two years</b> to your last conviction date and write this new date here: ___ / ___ / ___	___ / ___ / ___
7. The date listed in Question 6 is (check the appropriate box): <input type="checkbox"/> <b>Before July 1, 2009:</b> you are eligible for federal aid. <input type="checkbox"/> <b>Between July 1, 2009 and June 30, 2010:</b> your eligibility needs to be reviewed by the Financial Aid Office to determine if and when your federal aid eligibility will begin. <input type="checkbox"/> <b>After June 30, 2010:</b> you are ineligible for federal aid for 2009-2010. Contact the Financial Aid Office if you complete an acceptable drug rehabilitation program.	

### STUDENT SIGNATURE

By signing this worksheet, I certify that all information reported is complete and accurate. If false or misleading information is purposely provided on this worksheet or the FAFSA, I understand I may be fined, sentenced to jail, or both.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_