

2009-2010**Worksheet for Question #23****Name (print)** _____

- Check this box and sign at the bottom of this form, if you do not have any drug related conviction(s) but left question #23 blank and would like this office to correct the information for you.

Your answer to question 23 may affect your eligibility for federal student financial aid.

- "1" means your eligibility for federal student aid is not affected by question 23.
- "2" means your drug conviction(s) affect eligibility for federal student aid for part of the school year. Inform the financial aid office at your school your "eligibility date" from question 10 on this worksheet. If you complete an acceptable drug rehab program, you can become eligible earlier in the school year. You may still be eligible for state and school aid.
- "3" means you are not eligible for federal student aid for this school year unless an acceptable drug rehab program is completed. You may still be eligible for state and school aid.

If you are convicted of possessing or selling drugs after you submit your FAFSA, you must notify the financial aid office at your school immediately. You will lose your eligibility for federal student aid and must repay all aid you received after your conviction.

- 1.** On this worksheet count only federal or state convictions. Do not count any convictions that have been removed from your record, or occurred before you turned 18, unless you were tried as an adult.

Have you ever been convicted of selling or possessing drugs?

____ NO. *If NO, change your answer to question 23 to "1"* ____ YES. *If YES, go to question 2.*

- 2.** 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)?

____ NO. *If NO, change your answer to question 23 to "1,"* ____ YES. *If YES, go to question 3.*
and sign and send us your SAR.

- 3.** Have you completed an acceptable drug rehab program since your last conviction?

An acceptable drug rehabilitation program must include at least 2 unannounced drug test, **and**

- be qualified to receive funds from a federal, state, or local government or from a federally-or state-licensed insurance company; **or**
- be administered or recognized by a federal, state, or local government agency or court, or a federally-or state-licensed hospital, health clinic, or medical doctor.

____ YES. *If Yes, change your answer to question 23 to "1"* ____ NO. *If no, go to question 4.*

- 4.** Do you have more than two convictions for possessing drugs?

____ YES. *If Yes, change your answer to question 23 to "3".* ____ NO. *If No, go to question 5.*

- 5.** Do you have more than one conviction for selling drugs?

____ YES. *If Yes, change your answer to question 23 to "3"* ____ NO. *If no, go to question 6.*

- 6.** Write the date of your last conviction for possessing drugs here: _____

If you have no convictions for possessing drugs, skip to question 8.

- 7.** If you have only one conviction for possessing drugs, add **one year** to the date in question 6, and write that date here:

If you have two convictions for possessing drugs, add **two years**

to the date in question 6, and write that date here: _____

7.

- 8.** Write the date of your last conviction for selling drugs here: _____

If you have no convictions for selling drugs, skip to question 10.

- 9.** If you have only one conviction for selling drugs, add **two years** to the date in question 8, and write that date here: _____

- 10.** Look at the dates you wrote in questions 7 and 9. If there is only one date, copy that date here.

If there are two dates, write the later one here. This is your "eligibility date": _____

If your eligibility date in question 10 is before July 1, 2009, change your answer to question 23 to "1".

If your eligibility date is July 1, 2009 through June 30, 2010, change your answer to question 23 to "2".

If your eligibility date is after June 30, 2010, change your answer to question 23 to "3".

Student Signature

Date