



## 2018-2019 Drug Offense Conviction

Student's Name \_\_\_\_\_ ID/SSN \_\_\_\_\_

We have completed the initial review of your Free Application for Federal Student Aid (FAFSA). According to the Department of Education, you either answered yes, or left blank, the question on the FAFSA that asks, "Have you been convicted for the possession or sale of illegal drugs for an offense that occurred while you were receiving federal student aid (such as grants, loans or work-study)?" Please complete this form and return it to the Office of Student Financial Assistance as soon as possible. You can call 1-800-4FED-AID if you have any questions.

1. Have you been convicted of selling or possessing drugs (not including alcohol or tobacco) while receiving federal student aid? (Please check one)

\_\_\_ No. If no, stop here. Sign form and return it to our office.

\_\_\_ Yes. If yes, go to question 2.

2. Have you completed an acceptable drug rehab program since your last conviction? (Please check one)

\_\_\_ Yes. If yes, stop here. Sign form and return it to our office.

\_\_\_ No. If no, go to question 3.

3. Do you have more than two convictions for possessing drugs? (Please check one)

\_\_\_ Yes. If yes, go to questions 4 and 5.

\_\_\_ No. If no, go to question 4.

4. Do you have more than one conviction for selling drugs?

\_\_\_ Yes. If yes, go to question 6.

\_\_\_ No.

5. Write the date of your last conviction for possessing drugs: (mmdayyear) \_\_\_\_\_

One conviction- one year from the date of conviction you will be eligible for financial aid Two convictions-two years from the date of conviction you will be eligible for financial aid. If you have no conviction for possessing drugs, skip to question 6.

6. Write the date of your last conviction for selling drugs: (mmdayyear) \_\_\_\_\_

One conviction- two years from the date of conviction you will be eligible for financial aid.

\*If you marked yes to questions 1,3, or 4 and have not met your eligible date, you can become eligible earlier in the school year if you complete an acceptable drug rehab program.

Statement of Certification: I certify that the information given on this form is true and complete.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Electronic Signatures Will Not Be Accepted**