Lander University Office of Financial Aid
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2009-2010 Federal Aid Drug Eligibility Worksheets

We sent you this worksheet because you left question 23 blank on your Free Application for Federal Student Aid (FAFSA) or because you reported that you have a drug-related conviction.

Student Last Name **First Name** **Middle Initial** **Lander ID Number**

Complete this worksheet to verify your eligibility. Check the responses that apply to YOU. 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.

1. Have you ever been convicted of selling or possessing drugs (not including alcohol or tobacco)?
   - ☐ No. If No, stop here, sign the worksheet and return it to the Office of Financial Aid. (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, stop here, sign the worksheet and return it to the Office of Financial Aid. (1)
   - ☐ Yes. If yes, go to question 3.
3. Have you completed an acceptable drug rehab program since your last conviction? An acceptable drug rehabilitation program must include:
   - at least two (2) unannounced drug tests; 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, stop here, sign the worksheet and return it to the Office of Financial Aid. (1)
   - ☐ No. If No, go to question 4.
4. Do you have more than two convictions for **possessing** drugs? Only count offenses that occurred during a period of enrollment for which you were receiving federal student aid (grants, loans, and/or Workstudy).
   - ☐ Yes. If yes, stop here, sign the worksheet and return it to the Office of Financial Aid. (3)
   - ☐ No. If No, go to question 5.
5. Do you have more than one conviction for selling drugs? Only count offenses that occurred during a period of enrollment for which you were receiving federal student aid (grants, loans, and/or Workstudy).
   - ☐ Yes. If yes, stop here, sign the worksheet and return it to the Office of Financial Aid. (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: _____ .
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 dugs, 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 date here: _____. This is your "eligibility date." **If you become eligible for federal student financial aid by completing an acceptable drug rehabilitation program or your eligibility date arrives, you should contact the Office of Financial Aid.** If you are convicted of possessing or selling drugs after you submit you're FAFSA, you must notify the Office of Financial Aid immediately. You will lose eligibility and be required to pay back all aid received after the conviction.

CERTIFICATION STATEMENT

By signing this form, I certify that all the information reported to qualify for federal student aid is complete and correct. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.

Student's Signature: **Date:**

DATA ENTRY		COUNSELOR REVIEW	
RRAAREQ	N=Pending Review	Check one	(1) eligible (2) part year? ____Eligibility date before 7/1/09 then eligible ____Eligibility date between 7/1/09 and 6/30/10 then eligible after expiration of ineligibility date (Mark RRAAREQ=E still) ____Eligibility date after 6/30/10 (not eligible) 10DRUG=X (3) ineligible (mark RRAAREQ 10DRUG = X ineligible)
Initials/date		RRAAREQ ROAMESG if info missing	S = Satisfied, eligible, X = Ineligible, I=Incomplete, M=Mailed back
Fwd to Counselor date		RHACOMM	
ISIR Guide Appendix B FSA Handbook Vo1. 1, Ch. 1		Code 052 053 054 056 058	CNSLR Initials/date