



2021-2022 Drug Conviction Worksheet

Last Name: _____ First Name: _____ ASU ID: _____

You are required to complete this worksheet because you reported on your Free Application of Federal Student Aid (FAFSA) that you had a conviction of possessing or selling illegal drugs or because you left FAFSA Question 23 blank. Complete this worksheet to determine if you are eligible for federal student aid. Answer the questions below and follow the instructions after each answer.

1. **Have you ever received federal student aid? Answer 'No' if you have never received federal student grants, work-study, or loans. You should also answer 'No' if you have never attended college.**
 - No - If No, stop here. Sign the certification below and submit the form to the Office of Financial Aid.
 - Yes - If Yes, go to question 2 on this worksheet.

2. **Have you been convicted for the possession for sale of illegal drugs for the offence that occurred while you were enrolled and receiving federal student aid (grants, work-study, or loans)? Only include federal and state convictions. Do not count any convictions that have been removed from your record or that occurred before you turned age 18, unless you were tried as an adult.**
 - No - If No, stop here. Sign the certification below and submit the form to the Office of Financial Aid.
 - Yes - If Yes, go to question 3 on this worksheet.

3. **Did the offense for possession or selling illegal drugs occur during a period of enrollment for which you were receiving federal student aid (grants, work-study, or loans)?**
 - No - If No, stop here. Sign the certification below and submit the form to the Office of Financial Aid.
 - Yes - If Yes, go to question 4 on this worksheet.

4. **Have you completed an acceptable drug rehabilitation program since your conviction?**

An acceptable drug rehabilitation program must include at least two unannounced drug tests, and:

 - (1) Be qualified to receive funds from a federal, state or local government or from a federally or state-licensed insurance company; or
 - (2) 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, you are eligible for federal student aid. Sign the certification below and submit the form to the Office of Financial Aid.
 - No - If No, go to question 5 on this worksheet.

5. **Do you have more than two convictions for possession illegal drugs? Only count convictions for offenses that occurred during a period of enrollment for which you were receiving federal student aid (grants, work-study, or loans).**
 - Yes - If Yes, you are not eligible for federal student aid for this school year unless you completed an acceptable drug rehabilitation program or passed two unannounced drug tests administered by an acceptable drug rehabilitation program. Even if you are not eligible for federal student aid, you may still be eligible for student or other school aid.
 - No - If No, go to question 6.

6. **Do you have more than one conviction for selling illegal drugs? Only count convictions for offenses that occurred during a period of enrollment for which were receiving federal student aid (grant, work-study, or loans).**

- Yes - If Yes, you are not eligible for federal student aid for this school year unless you completed an acceptable drug rehabilitation program or passed two unannounced drug tests administered by an acceptable drug rehabilitation program. Even if you are not eligible for federal student aid, you may still be eligible for state and other school aid.
- No - If No, stop here. Sign the certification below and submit the form to Fin Aid.

SIGN THIS WORKSHEET

By signing this form, we certify that all information reported on this worksheet is complete and correct to the best of your knowledge. We authorize the Financial Aid Office to make corrections necessary to resolve any discrepancies found. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined with fraudulent consequences.

Student Signature: _____

Date: _____

Send information to:

Alcorn State University
Office of Student Financial Aid
1000 ASU Drive, 28
Alcorn State, MS 39096-7500
Fax: 601-877-6110
Email: asufinaid@alcorn.edu