



Student Name: _____

WIN #: _____

-- Please Print Legibly in Blue or Black Ink Only --

Drug Conviction Verification

According to information we received from your Free Application for Federal Student Aid (FAFSA) in regards to any drug-related convictions while you were receiving federal student aid (question #31 of the FAFSA), we need additional information in order to determine your eligibility for federal or state financial aid. **Your completed form must be received in our office at least 30 days prior to your last date of enrollment for the academic year you are requesting financial aid.** If you have any questions, please contact us at (269) 387-6000 between 8:00 a.m. and 5:00 p.m., Monday through Friday.

On this worksheet, count only federal and state convictions while you were receiving federal student aid-grants, loans, and/or work-study. Do not count any convictions that have been removed from your record or occurred before you turned age 18, unless you were tried as an adult.

1. If you have **never** been convicted of selling or possessing drugs (not including alcohol or tobacco) as an adult while receiving federal student aid or you have been convicted of selling or possessing drugs (not including alcohol or tobacco) while receiving federal student aid that is now off your record, please initial here _____ and sign below.

*If you **did not** initial above, go to question #2. If you **did** initial, go to question #4.*

2. Have you successfully completed an acceptable drug-rehabilitation program* since your last conviction of either possession or sale of illegal drugs? Circle one: **Y (yes)** **N (no)** If you circled **Y (yes)**, list the date you successfully **completed** the program _____. If you answered NO or have not completed the program, then go to question #3. If you answered YES and have completed the program, then go to question #4.

*An acceptable drug rehabilitation program must include at least 2 unannounced drug tests AND

- be qualified to receive funds from a federal, state or local government or from a federal-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.

3. Please circle the type(s) of illegal federal or state drug offense, and indicate the number of convictions and the date of the last conviction that is on your adult record when you were receiving federal student aid, then go to question #4:

<i>Drug Offense (not tobacco or alcohol)</i>	<i>Number of convictions</i>	<i>Date of last conviction</i>
Possession of illegal drugs		
Sale of illegal drugs		

4. Please sign and date this form. Return the form to the Financial Aid Office. We will review the information to determine when you will be eligible for financial aid.

Student Signature _____

Daytime Phone Number _____ **Date** _____

If you are convicted of possessing or selling drugs during a period of enrollment for which you are receiving federal student aid after this date, you are required to notify the Financial Aid Office immediately. If you are awarded aid for the academic year, you will lose all eligibility and may be required to pay back all aid you received after your conviction.