



## Financial Aid Office - Worksheet for 2014-15 FAFSA Question #23

Date:

Dear \_\_\_\_\_:

When you completed your Free Application for Federal Student Aid (FAFSA), you left question 23 blank, or you answered that you have a drug-related conviction. As a result, we must have you complete this worksheet.

We will use this worksheet to determine your answer to question 23. Please complete this worksheet, sign it, and send it to the **Ottawa University Financial Aid Office**. You may wish to keep a photocopy of your completed worksheet for your records. If you need help in completing this worksheet, contact the Financial Aid Office at the address or phone number listed above.

1) Have you ever received federal student aid?

\_\_\_\_\_ **NO** (If No, your answer to question 23 is "1." Go to the end of this form, sign it, and submit it to OU Financial Aid.)

\_\_\_\_\_ **YES** (If Yes, go to question 2.)

2) 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 (EXCEPTION: If you were tried as an adult, you must include the conviction).

**Have you ever been convicted of selling or possessing illegal drugs? (check one)**

\_\_\_\_\_ **NO** (If No, your answer to question 23 is "1." Go to the end of this form, sign it, and submit it to OU Financial Aid.)

\_\_\_\_\_ **YES** (If Yes, go to question 3.)

3) **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, your answer to question 23 is "1". Go to the end of this form, sign it, and submit it to OU Financial Aid.)

\_\_\_\_\_ **YES** (If yes, go to question 4.)

4) **Have you completed an acceptable drug rehabilitation program since your conviction? (check one)**

*(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 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, your answer to question 23 is "1." Go to the end of this form, sign it, and submit it to OU Financial Aid.)

\_\_\_\_\_ **NO** (If No, go to question 5.)

**5) Do you have more than two convictions for possessing illegal drugs? (check one)**

*(only count convictions for offenses that occurred during a period of enrollment for which you were receiving federal student aid (grants, loans and/or work-study).)*

\_\_\_\_\_ **YES** (If Yes, your answer to question 23 is "3." Go to the end of this form, sign it, and submit it to OU Financial Aid.)

\_\_\_\_\_ **NO** (If No, go to question 6.)

**6) Do you have more than one conviction for selling illegal drugs? (check one)**

*(only count convictions for offenses that occurred during a period of enrollment for which you were receiving federal student aid (grants, loans and/or work-study).)*

\_\_\_\_\_ **YES** (If Yes, your answer to question 23 is "3." Go to the end of this form, sign it, and submit it to OU Financial Aid.)

\_\_\_\_\_ **NO** (If No, go to question 7.)

**7) Write the date of your last conviction for possessing illegal drugs here: \_\_\_\_\_**

*(If you have no convictions for possessing drugs, indicate "NONE" and SKIP TO QUESTION 9.)*

**8) If you have only one conviction for possessing drugs, add ONE YEAR to the date in question 7, and write that date here: \_\_\_\_\_.**

**If you have two convictions for possessing drugs, add TWO YEARS to the date in question 7, and write that date here: \_\_\_\_\_.**

**9) Write the date of your last conviction for selling illegal drugs here: \_\_\_\_\_**

*(If you have no convictions for selling drugs, indicate "NONE" and SKIP TO QUESTION 11.)*

**10) If you have only one conviction for selling drugs, add TWO YEARS to the date in question 9, and write that date here: \_\_\_\_\_.**

**11) Look at the dates you wrote in questions 8 and 10. 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."**

**ELIGIBILITY DATE: \_\_\_\_\_.**

If your eligibility date in question 11 is before July 1, 2014, your answer to question 23 is "1." If your eligibility date is July 1, 2014 through June 30, 2014, your answer to question 23 is "2." If your eligibility date is after June 30, 2015, your answer to question 23 is "3."
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I certify that this information is true to the best of my knowledge. I understand that this information is necessary to determine my eligibility for financial aid. I understand that intentionally providing false or misleading information can result in the cancellation of federal financial aid and is punishable by law.

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

\_\_\_\_\_  
Date