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.)
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