Office of Financial Aid/Scholarship
500 Sparks Hall
Murray, KY 42071-3312
msu.sfa@murraystate.edu
P: 800-272-4MSU ext 3 P: 270-809-2546 F: 270-809-3116

2012-2013 WORKSHEET FOR FAFSA QUESTION #23

On your Free Application for Federal Student Aid (FAFSA), you either (1) left question #23 blank, or (2) you told us you have a drug-related conviction. Use this worksheet to determine your answer to question #23, and then return the worksheet to the Office of Financial Aid/Scholarship.

Student Name: _____ Student M#: _____

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 received federal student aid? *Answer "No" if you have never received federal student grants, federal student loans or federal work-study. You should also answer "No" if you have never attended college.*	NO	☐	*If No, check this box, sign, date this form, and return it to our office.*
		YES	☐	*If Yes, check this box, and then go to question 2.*
2	Have you been convicted for possessing or selling illegal drugs? *(Only include federal and state 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, check this box, sign, date this form, and return it to our office.*
		YES	☐	*If Yes, check this box, and then 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)?	YES	☐	*If Yes, check this box, sign and date this form, and return it to our office.*
		NO	☐	*If No, check this box, and then go to question 4.*
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: 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, check this box, sign and date this form, and return it to our office.*
		NO	☐	*If No, check this box, and then go to question 5.*
5	Do you have more than two convictions for possessing illegal drugs? *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, check this box, sign and date this form, and return it to our office.*
		NO	☐	*If No, check this box, and then 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 you were receiving federal student aid (grants, loans, and/or work-study).*	YES	☐	*If yes, check this box, sign and date this form, and return it to our office.*
		NO	☐	*If No, check this box, and then 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, 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 drugs here: *If you have no convictions for selling drugs, 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.*			_____ YOUR ELIGIBILITY DATE

Once you have determined your eligibility date, please sign, date, and return this form to the Financial Aid Office at the address below.

_____

Student Signature *Date*