



Please return this form to:
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2019-2020 DRUG CONVICTION WORKSHEET

SECTION A: STUDENT INFORMATION

STUDENT NAME: _____ STUDENT ID: _____
 ADDRESS: _____ PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____

You must complete this worksheet because you reported on your 2019-2020 FAFSA that you had a conviction for possessing or selling illegal drugs or because you left question 23 blank.

Complete this worksheet to determine if you are eligible for federal student aid. These are the possible eligibility results:

- **1** means your eligibility for federal student aid is not affected by question 23.
- **2** means your drug conviction(s) affect eligibility for federal student aid for part of this school year. To receive federal student aid, you need to tell the financial aid office at your college your "eligibility date" from question 11 on this worksheet. You can become eligible earlier in the school year if you complete an acceptable drug rehabilitation program or pass 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 aid from your state or college.
- **3** means you are not eligible for federal student aid for this school year unless you complete an acceptable drug rehabilitation program or pass 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 aid from your state or college.

IF YOU NEED HELP WITH THIS WORKSHEET OR HAVE QUESTIONS, CALL 1-800-4-FED-AID (1.800.433.3243).

SECTION B: DRUG CONVICTION ELIGIBILITY

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, SIGN THE CERTIFICATION ON PAGE 2 AND RETURN THIS FORM TO WILMINGTON COLLEGE, STUDENT ONE STOP CENTER.
 YES IF YES, GO TO QUESTION 2 ON THIS WORKSHEET.

2. HAVE YOU BEEN CONVICTED FOR THE POSSESSION OR SALE OF ILLEGAL DRUGS FOR AN OFFENSE THAT OCCURRED WHILE YOU WERE RECEIVING FEDERAL STUDENT AID (GRANTS, LOANS AND/OR WORK-STUDY)?

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, SIGN THE CERTIFICATION ON PAGE 2 AND RETURN THIS FORM TO WILMINGTON COLLEGE, STUDENT ONE STOP CENTER.
 YES IF YES, GO TO QUESTION 3 ON THIS WORKSHEET.

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, SIGN THE CERTIFICATION ON PAGE 2 AND RETURN THIS FORM TO WILMINGTON COLLEGE, STUDENT ONE STOP CENTER.
 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

- 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, YOU ARE ELIGIBLE FOR FEDERAL TITLE IV FINANCIAL AID. SIGN THE CERTIFICATION ON PAGE 2 AND RETURN THIS FORM TO WILMINGTON COLLEGE, STUDENT ONE STOP CENTER.
- NO** IF NO, GO TO QUESTION 5 ON THIS WORKSHEET.

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, YOU ARE NOT ELIGIBLE FOR FEDERAL TITLE IV FINANCIAL 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.
- NO** IF NO, GO TO QUESTION 6 ON THIS WORKSHEET.

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, YOU ARE NOT ELIGIBLE FOR FEDERAL STUDENT FINANCIAL 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.
- NO** IF NO, GO TO QUESTION 7 ON THIS WORKSHEET.

7. WRITE THE DATE OF YOUR LAST CONVICTION FOR POSSESSING ILLEGAL DRUGS.

IF YOU HAVE NO CONVICTIONS FOR POSSESSING DRUGS, SKIP TO QUESTIONS 9 ON THIS WORKSHEET.

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8. IF YOU HAVE **ONE** CONVICTION FOR POSSESSING DRUGS, ADD **ONE YEAR** TO THE DATE IN QUESTION 7.

IF YOU HAVE **TWO** CONVICTIONS FOR POSSESSING DRUGS, ADD **TWO YEARS** TO THE DATE IN QUESTION 7.

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9. WRITE THE DATE OF YOUR LAST CONVICTION FOR SELLING ILLEGAL DRUGS.

IF YOU HAVE NO CONVICTIONS FOR SELLING DRUGS, SKIP TO QUESTIONS 11 ON THIS WORKSHEET.

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10. IF YOU HAVE **ONE** CONVICTION FOR SELLING DRUGS, ADD **TWO YEARS** TO THE DATE IN QUESTION 9.

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11. REVIEW THE DATE YOU WROTE IN QUESTIONS 8 AND 10.

IF THERE IS ONE DATE, COPY THAT DATE HERE. IF THERE ARE TWO DATES, WRITE THE LATEST DATE HERE.

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YOUR ELIGIBILITY DATE

WHAT YOU MUST DO NEXT:

GATHER DOCUMENTATION TO SUBSTANTIATE THE DATES AND OFFENSES YOU REPORTED ON THIS WORKSHEET. MAKE COPIES OF THAT DOCUMENTATION AND SUBMIT THOSE COPIES, ALONG WITH THIS SIGNED WORKSHEET, TO THE STUDENT ONE-STOP. ENSURE THAT YOUR NAME AND ID # ARE CLEARLY MARKED ON ALL DOCUMENTS SUBMITTED.

THE STUDENT ONE STOP WILL REVIEW THIS WORKSHEET AND YOUR SUPPORTING DOCUMENTATION TO DETERMINE IF YOU ARE ELIGIBLE FOR FEDERAL TITLE IV FINANCIAL AID AND/OR AID FROM THE STATE OF OHIO.

SECTION C: CERTIFICATION

By signing this form, I certify the information on the form and any attachments are accurate and complete to the best of my knowledge and that there is no forgery of signature(s). The information supplied on this form supersedes that which was provided on the FAFSA. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

STUDENT'S SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

(DEPENDENT STUDENTS ONLY) _____
