

Lander University Financial Aid Office 320 Stanley Avenue, Greenwood, SC 29649

320 Stanley Avenue, Greenwood, SC 29649
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2013-2014 Federal Aid Drug Eligibility Worksheet

Student's Last Name		First Name	MI	Lander ID (L#)
We are sending you this worksheet because you left question 23 blank on your Free Application for Federal Student Aid (FAFSA) or because you reported that you have a drug-related conviction. Complete this worksheet to verify your eligibility. Check the responses that apply to YOU.				
	e, sign the work	sheet and return it to the Fir	nancial Aid Office. (1)	
you were receiving fede that have been removed ☐ No. If No, stop her	d for the posse ral student aid (g f from your recore, sign the work	ssion or sale of illegal drug	tudy)? Only include fe	e alcohol or tobacco) for an offense that occurred while deral or state convictions. Do not count any convictions ere tried as an adult.
loans and/or work-study	sessing or sellir)?	ng illegal drugs occur during sheet and return it to the Fir		t for which you were receiving federal student aid (grants
Yes. If yes, go to a 4. Have you completed an • at least two (2)	question 4. acceptable drug ?) unannounced	rehab program since your drug tests; and	ast conviction? An acc	ceptable drug rehabilitation program must include:
 be administer clinic, or medi 	ed or recognized cal doctor.	d by a federal, state, or local	government agency of	federally-or state-licensed insurance company; or or court, or a federally-or state-licensed hospital, health
☐ No. If No, go to qu	estion 5.	rksheet and return it to the I		(1)
you were receiving fede ☐ Yes. If yes, stop h	ral student aid (gere, sign the wo	for possessing illegal drug- grants, loans, and/or work-s rksheet and return it to the F	udy).	s that occurred during a period of enrollment for which (3)
were receiving federal s	one conviction f tudent aid (gran	ts, loans, and/or work-study).	occurred during a period of enrollment for which you
No. If No, go to que. 7. Write the date of your la	estion 7. st conviction for	rksheet and return it to the F possessing illegal drugs he		(3)
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:				
If there are two dates, v		te here:	ı	his is your "eligibility date."
 What to do with your eligibility date: If your eligibility date in question 11 is before July 1, 2013, change your answer to question 23 to "1," and complete and return this worksheet to the Financial Aid Office. If your eligibility date falls between July 1, 2013 and June 30, 2014, change your answer to question 23 to "2," and complete and return this worksheet to the Financial Aid Office. 				
 If your eligibility date is after June 30, 2014, change your answer to question 23 to "3," and complete and return this worksheet to the Financial Aid Office. 				
If you become eligible for federal student financial aid by completing an acceptable drug rehabilitation program or your eligibility date arrives, you shoul contact the Financial Aid Office. If you are convicted of possessing or selling illegal drugs after you submit your FAFSA, you must notify the Financial Aid Office immediately. You will lose eligibility and be required to pay back all aid received after the conviction.				
CERTIFICATION STATEME By signing this form, I certi purposely give false or mis	fy that all the ir			nt aid is complete and correct. WARNING: If you tenced to jail or both.
Student's Signature (Required)			hone #	Date Circuit Aid Office No. Only
DATA ENTRY RRAAREQ	N=Pending Review	COUNSELOR REVIEW Check one	Eligib expira Eligib	Financial Aid Office Use Only Dility date before 7/1/13 then eligible Sility date between 7/1/13 and 6/30/14 then eligible after attended in eligibility date (Mark RRAAREQ=E still) Sility date after 6/30/14 (not eligible) 14DRUG=X AREQ 14DRUG = X ineligible)
Initials/date		RRAAREQ RHACOMM ROAMESG if info missing	S = Satisfied, eligible, X	= Ineligible, I=Incomplete, M=Mailed back

CNSLR Initials/date

Code 053 054 056 058