

**STUDENT INFORMATION**

NAME _____	HOME ADDRESS _____
CID or SSN _____	CITY/TOWN _____
PHONE # _____	STATE _____ ZIP CODE _____

You are receiving this worksheet because you reported on your FAFSA that you had a conviction for possessing or selling illegal drugs and/or you left question 31 blank. Please answer the questions below and follow the instructions after each answer.

**COUNT ONLY FEDERAL AND STATE CONVICTIONS. DO NOT COUNT CONVICTIONS THAT HAVE BEEN REMOVED FROM YOUR RECORD OR OCCURRED BEFORE YOU TURNED AGE 18, UNLESS YOU WERE TRIED AS AN ADULT.**

1. HAVE YOU BEEN CONVICTED FOR POSSESSING OR SELLING ILLEGAL DRUGS? *If no, sign and return this form to the Financial Aid Office. If yes, proceed to next question.*  YES  NO

2. 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)? *If no, sign and return this form to the Financial Aid Office. If yes, proceed to next question.*  YES  NO

3. 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. *If yes, sign and return form to Financial Aid Office. If no, proceed to next question.*  YES  NO

4. 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). *Mark your answer and proceed to the next question.*  YES  NO

5. DO YOU HAVE MORE THAN ONE CONVICTION FOR SELLING ILLEGAL DRUGS? Only count convictions for offensee that occurred during a period of enrollment for which you were receiving Federal Student Aid (grants, loans and/or work-study)? *Mark your answer and proceed to the next question.*  YES  NO

**PLEASE CONTINUE ON THE NEXT PAGE**

MAIL TO Student Financial Services  
735 Anderson Hill Road  
Purchase, NY 10577

FAX TO (914) 251-6356  
EMAIL sfs@purchase.edu

6. ENTER THE DATE OF YOUR LAST CONVICTION FOR **POSSESSING** ILLEGAL DRUGS ON THE RIGHT (MM/DD/YYYY). *If you have no convictions of possessing drugs, skip and move on to question 9.*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. IF YOU HAVE ONLY ONE CONVICTION FOR POSSESSING DRUGS, ADD ONE YEAR TO THE DATE IN QUESTION 6, AND ENTER THE DATE ON THE RIGHT (MM/DD/YYYY).

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

8. IF YOU HAVE TWO OR MORE CONVICTIONS FOR POSSESSING DRUGS, ADD ONE YEAR TO THE DATE IN QUESTION 7, AND ENTER IT TO THE RIGHT.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

9. THE DATE OF YOUR LAST CONVICTION FOR **SELLING** ILLEGAL DRUGS. *If you have no convictions of selling illegal 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 TO THE RIGHT.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

11. *LOOK AT THE DATES YOU WROTE IN QUESTIONS 7 AND 10. If there is only one date, copy it to the right. If there are two dates, write the later one to the right.*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*By signing this form, I certify that the information on this form is correct to the best of my knowledge.*