

Chesapeake College

2004 - 2005 Free Application for Federal Student Aid (FAFSA) Worksheet for Question 31

We sent you this worksheet because you left Question 31 blank on your Student Aid Report (SAR), or because you told us you have a drug-related conviction. Use this worksheet to determine your answer to Question 31. If you need assistance, please call the Federal Student Aid Processing Center at 1-800-4FED-AID (1-800-433-3243). Submit this worksheet to the Chesapeake College Financial Aid Office.

Do not leave Question 31 blank. Your answer to Question 31 may affect your eligibility for federal student financial aid.

- “1” means your eligibility for federal student aid is not affected by Question 31.
- “2” means your drug conviction(s) affect eligibility for federal student aid for part of the school year. You should tell the financial aid office at your school your “eligibility date” from question 9 on this worksheet. You can become eligible earlier in the school year if you complete an acceptable drug rehab program. You may still be eligible for state and school aid.
- “3” means you are not eligible for federal student aid for this school year unless you complete an acceptable drug rehab program. You may still be eligible for state and school aid.

If you are convicted of possessing or selling drugs after you submit your FAFSA, **you must notify the Chesapeake College Financial Aid Office immediately.** You will lose your eligibility and must pay back all aid you received after your conviction.

1 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.

Have you ever been convicted of selling or possessing drugs (not including alcohol or tobacco)?

No *If No, change your answer to Question 31 to “1,” and sign and send us your SAR.*
Yes *If Yes, go to question 2.*

2 Have you completed an acceptable drug rehab program since your last conviction?

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.

Yes *If Yes, change your answer to Question 31 to “1,” and sign and send us your SAR.*
No *If No, go to question 3.*

3 Do you have more than two convictions for **possessing** drugs?

Yes

If Yes, change your answer to Question 31 to "3," and sign and send us your SAR.

No

If No, go to question 4.

4 Do you have more than one conviction for **selling** drugs?

Yes

If Yes, change your answer to Question 31 to "3," and sign and send us your SAR.

No

If No, go to question 5.

5 Write the date of your last conviction for **possessing** drugs here: / /

If you have no convictions for possessing drugs, skip to question 7.

6 If you have only one conviction for possessing drugs, add **one year** to the date in question 5, and write that date here: / /

If you have two convictions for possessing drugs, add **two years** to the date in question 5, and write that date here: / /

7 Write the date of your last conviction for **selling** drugs here: / /

If you have no convictions for selling drugs, skip to question 9.

8 If you have only one conviction for selling drugs, add **two years** to the date in question 7, and write that date here: / /

9 Look at the dates you wrote in questions 6 and 8. If there is only one date, copy that date here. If there are two dates, write the later one here. / / This is your "eligibility date."

If your eligibility date in question 9 is before July 1, 2004, change your answer to Question 31 to "1," and sign and send us your SAR.

If your eligibility date is July 1, 2004 through June 30, 2005, change your answer to Question 31 to "2," and sign and send us your SAR. Submit this worksheet to the Chesapeake College Financial Aid Office, so we will know your eligibility date.

If your eligibility date is after June 30, 2005, change your answer to Question 31 to "3," and sign and send us your SAR.

Signature _____

Printed Name _____

Date _____ Social Security Number _____/_____/_____