



Southwestern Michigan College

2022-2023 Drug Conviction Worksheet

Financial Aid Office, 58900 Cherry Grove Road, Dowagiac, MI 49047
Phone: 269.783.2143 Fax 269.783.2114 Email: finaid@swmich.edu



Print Name _____

N
Student ID# _____

Instructions: On your FAFSA you either left question **23** blank or indicated that you have a drug related conviction. The Federal government prohibits students from receiving Title IV financial aid in certain circumstances when they have had a drug related conviction. Please check the appropriate boxes, complete the appropriate lines, sign, and return this worksheet so we can determine your eligibility for financial aid.

Note: On this worksheet count only federal or state convictions. Do not count 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 aid (grants, loans, and/or work study). You should also answer "No" if you have never attended college.

Yes *If Yes, go to question 2.*
No *If No, stop, sign worksheet and return.*

2. Have you ever been convicted for selling or possessing drugs, not including alcohol or tobacco?

Yes *If Yes, go to question 3.*
No *If No, stop, sign worksheet and return.*

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, go to question 4.*
No *If No, stop, sign worksheet and return.*

4. Have you completed an acceptable drug rehabilitation program since your last conviction?

An acceptable drug rehabilitation program must include at least two unannounced drug tests, and:

- Be qualified to receive funds from 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, stop, sign worksheet and return.*
No *If No, go to question 5.*

5. Do you have more than two convictions for **possessing** 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, stop, sign worksheet and return.*
No *If No, 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, stop, sign worksheet and return.
No If No, go to question 7.

7. Write the date of your last conviction for **possessing** drugs here: ____/____/____

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

8. If you have 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 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 here: ____/____/____

11. Look at the dates you wrote in questions 8 and 10. If there is only one date, copy that date. If there are two dates, write the later one here:

____/____/____ (This is your Title IV Financial Aid eligibility date.)

By signing this worksheet, I certify that all the information reported here is complete and correct. **Warning:** Anyone purposely giving false or misleading information on this worksheet may be fined, sentenced to jail, or both.

Signature _____	Date _____

Please sign and return this form to:

Financial Aid Office
Southwestern Michigan College
58900 Cherry Grove Road
Dowagiac, MI 49047
Fax 269-783-2114

Please note that submission of this form electronically should be encrypted to protect any personal or confidential information.