2020-2021 STUDENT AID ELIGIBILITY WORKSHEET

Student Name ___________________________________________ Kent State ID Number ________________________________

On the 2020-2021 Free Application for Federal Student Aid (FAFSA) you either left question 23 blank or stated you have a drug-related conviction. This makes you ineligible for federal and state financial aid.

However, you may become eligible for financial aid if any one of the following is true. Select the statement, if any, which is applicable to your situation:

____ You have successfully completed an acceptable drug rehabilitation program that included two unannounced drug tests and is qualified to receive funds from a federal, state, or local government or from a federally- or state-licensed insurance company; or is administered or recognized by a federal, state, or local government agency/court or a federally- or state-licensed hospital/health clinic/medical doctor.

____ One year has elapsed from your first conviction date for possession of illegal drugs.

____ Two years have elapsed from your second conviction date for possession of illegal drugs.

____ Two years have elapsed from your first conviction date for the sale of illegal drugs.

____ The conviction was reversed, set aside, or otherwise rendered nugatory.

____ You left question 23 blank by mistake and have no drug-related convictions.

When completing this form, you must only count federal or state convictions that occurred while you were a student and were receiving federal financial aid. Do not count convictions for which you were treated as a juvenile. Do not count convictions which have been removed from your record.

If you are convicted of possessing or selling drugs after you submit your FAFSA you must notify our office immediately. You will lose eligibility and be required to pay back all aid received after conviction.

If none of the above statements are true, select the following:

______ None of the above criteria are true in my situation. I understand that I am ineligible for financial aid and will contact the Office of Student Financial Aid and Scholarships if my status changes.

_________________________________________  _____________________________  ____________________________________________  ____________________________
Student’s Signature                        Date                                     Parent’s Signature (if Dependent)               Date

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