



# 2022-2023 Question 23 Worksheet

Student Name: \_\_\_\_\_ COTC ID: 

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Because you left question 23 on the Free Application for Federal Student Aid (FAFSA) blank or answered that you have a drug-related conviction, you must complete this worksheet to determine your financial aid eligibility. On this worksheet, **count only federal and 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.** If you are convicted of possessing or selling drugs after you submitted the FAFSA, you must notify Student Financial Services immediately.

1. Have you ever received federal student grants, federal student loans, or federal work-study?  
 **NO** If no, please sign and return form.  
 **YES** If yes, proceed to question 2.
2. Have you ever been convicted of possession or sale of illegal drugs (not including alcohol or tobacco) while you were receiving federal student aid (grants, loans and/or work-study)?  
 **NO** If no, please sign and return form.  
 **YES** If yes, proceed to question 3.
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)?  
 **NO** If no, please sign and return form.  
 **YES** If yes, proceed to question 4.
4. Have you completed an acceptable drug rehab program since your last conviction? An acceptable drug rehabilitation program must include at least two unannounced drug tests, **and:**
  - a. be qualified to receive funds from a federal, state, or local government or from a federally or state-licensed insurance company;  
**or**
  - b. 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, please sign and return form.  
 **NO** If no, proceed to question 5.
5. 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).  
 **YES** If yes, please sign and return form.  
 **NO** If no, proceed 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, please sign and return form.  
 **NO** If no, proceed to question 7.
7. What is the date of your last conviction for possessing illegal drugs? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 If you have no convictions for possessing drugs, skip to question 10.
8. If you have only one conviction for possessing illegal drugs, add one year to the date in **question 7**, and write that date here:  
 \_\_\_\_/\_\_\_\_/\_\_\_\_
9. If you have two convictions for possessing illegal drugs, add two years to the date in **question 7**, and write that date here:  
 \_\_\_\_/\_\_\_\_/\_\_\_\_
10. What is the date of your last conviction of selling illegal drugs? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 If you have no convictions for selling drugs, skip to question 12.
11. If you have only one conviction for selling illegal drugs, add two years to the date in **question 10**, and write that date here:  
 \_\_\_\_/\_\_\_\_/\_\_\_\_
12. Look at the dates you wrote in **questions 8, 9 and 11**. If there is only one date, copy that date here. If there are different dates, write the later one here. This is your **"eligibility date."** \_\_\_\_/\_\_\_\_/\_\_\_\_

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.

Student Signature (Required. **DO NOT SIGN ELECTRONICALLY**) \_\_\_\_\_ Date \_\_\_\_\_

**TO RETURN THIS FORM:** **UPLOAD** all forms and documents in the **Student Assistance Portal**. Select the "Assistance" icon in the upper right-hand corner of the screen, followed by "Submit Financial Aid Documents" from the drop-down menu. **FAX** to: 740-364-9533, or **MAIL** to: COTC, Student Financial Services, 1179 University Dr., Newark OH 43055. **DO NOT submit this form via email** as it will not be accepted.