

Please complete and return this form to:



STUDENT INFORMATION

Financial Aid Office

1000 W Campus Drive
Wausau WI 54401-1899
Phone: (715) 675-3331 * FAX (715) 675-9976

Last Name _____ First Name _____ M.I. _____

NTC Student ID# _____

2008-2009 DRUG CONVICTION STATEMENT

We have completed the initial review of your 2008-09 Free Application for Federal Student Aid (FAFSA) or Renewal Application. According to the U.S. Department of Education you indicated that you were convicted of a drug-related charge while receiving federal financial aid benefits or failed to complete Question #31 on your FAFSA. You are not eligible to receive financial aid until you correct your FAFSA, your ineligibility period expires or you complete a drug rehabilitation program that meets the standards set by the U.S. Department of Education. Please complete this form, attach the appropriate documentation, and return it to the Financial Aid Office as soon as possible.

PROCESSING OF YOUR AID HAS STOPPED UNTIL THIS FORM AND ALL DOCUMENTS ARE RETURNED

Please check the boxes that apply to you and attach the requested documentation:

I WAS NOT convicted of a drug-related charge while receiving federal financial aid benefits (grants, loans, and/or work-study)

Attached Student Aid Eligibility Worksheet for Question # 31.

I WAS convicted of a drug-related charge while receiving federal financial aid benefits (grants, loans, and/or work-study).

I was convicted on _____ for possession/sale (**circle one**) of illegal drugs.
(month/year)

It was my (**circle one**):

First Offense

Second Offense

Third or more offense

Attached Student Aid Eligibility Worksheet for Question # 31.

I completed a U.S. Department of Education approved rehabilitation program.

Attached is a statement from my rehabilitation program.

Statement of Certification: I certify that the information given on this form is true and complete.

Student's Signature

Date

Social Security Number