



17-18 Drug/Alcohol Abuse Statement & Work-Study Agreement

Return to: Financial Aid Office
100 Purpose Road
Pippa Passes, KY 41844
606.368.6002(F)
606.368.6058(P)

TO BE COMPLETED BY STUDENT:

Last Name: _____ Middle I: _____ First Name: _____
Last four digits of SSN: _____ Student ID: _____

PLEASE SIGN BOTH PLACES

PLEASE SIGN AND RETURN TO THE FINANCIAL AID OFFICE WITH THE AWARD LETTER AND ANY OTHER INFORMATION REQUESTED. THANKS.

I agree to have my 2017-2018 work study earnings applied to my account if I owe the college for tuition, room, board, fees or books. I realize that if I do not work the appointed number of hours I may have to pay additional money to replace my expected number of hours of work.

Student Signature

Date

ANTI-DRUG ABUSE ACT CERTIFICATION

I certify that, as a condition of my attendance at Alice Lloyd College, I will not engage in the unlawful manufacture, distribution, dispensation, possession or use of Alcohol or non-prescribed drugs during the period of my enrollment.

Failure to adhere to these rules may result in disciplinary actions as stated in the Student Handbook.

Student Signature

Date