



Office of Financial Aid
2019-2020 MHEC Drug Pledge

Name: _____ SSN (*last four digits*): _____

Permanent Address: _____

Email Address: _____ Phone Number: (____) _____

For all recipients of Maryland’s centralized programs, each state award recipient completes a statement pledging to remain drug free at the time that they accept their initial award online through MDCAPS. However, for any **decentralized** programs, whereby the institution awards the student directly, each award recipient must sign a pledge to remain drug free as a part of the institution’s application process in order to receive the state award.

___ *“I pledge, as a condition of receiving student financial assistance, to remain drug free for the full term of the award. Unlawful use of drugs and alcohol may endanger my enrollment in a Maryland College as well as Maryland financial aid award.”*

By signing this form, I certify that all the information reported on this form to qualify for state student aid is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature

Date