



NOTRE DAME
OF MARYLAND
UNIVERSITY

Office of Financial Aid
2024– 2025 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 _____