



NOTRE DAME  
OF MARYLAND

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 MDCARS

