

# LOAN REPAYMENT ASSISTANT PROGRAM (LRAP) APPLICATION

Personal Information
Name:
DePaul Law Class Year:
Home Address:
Phone Home:
Phone Work:
E-mail Address:
Date:
Spouse's or Domestic Partner's Name:
Dependent Children's Names and Ages:
Other Dependents' Names, Ages, and Relationships:
Employment Information
Name of Employer:
Employer Phone and Fax
Address of Employer:
Date qualifying employment began or will begin:
Your position or title:
Describe the nature of your work:
Are you a part-time or full-time employee *:

<sup>\*</sup> Domestic Partner is defined as any person with whom an applicant files joint Federal tax returns.

<sup>\*\*</sup> The definitions of part-time and full-time are located in the LRAP requirements and guiding principles on the Center for Public Interest Law Website

income information
Your annual gross salary:
Your other taxable and non-taxable income, i.e., (1) alimony (2) child support (3) capital gains (4) interest income (5) dividends (6) grants, scholarships, fellowships: \$
Your projected 2020 income (include wages, salary, commissions, and fees from all employment):
Do you qualify for any other government, state, or other loan repayment assistance, such as the College Cost Reduction and Access Act (CCRAA)? Yes \( \subseteq  No \subseteq \)
If yes, list what assistance you are receiving:
If you qualify under the CCRAA, in what year will you be eligible to have your remaining debt canceled?
Spouse/Domestic Partner's Income Information
Spouse or domestic partner's employer and annual gross salary: \$
Spouse's or Domestic Partner's other taxable and non-taxable income, i.e., (1) alimony (2) child support (3) capital gains (4) interest income (5) dividends (6) grants, scholarships, fellowships:
Spouse's or domestic partner's 2020 projected income: (include wages, salary, commissions, and fees from all employment): \$
Does your spouse/domestic partner qualify for any other government, state, or other loan repayment assistance such as the College Cost Reduction and Access Act (CCRAA)? Yes No
If yes, list what assistance s/he is receiving:
If your spouse qualifies under the CCRAA, in what year will s/he be eligible to have his/her remaining debt
canceled?

# **Applicant's Loan Indebtedness Information**

Please list all post-secondary **educational** loans and attach copies of current primary loan statements and payment schedules from all law school loan sources. Please add an additional sheet if necessary.

If loans are consolidated, include the amount prior to consolidation.

Federally Direct and Federally Guaranteed Law School Loans

(Includes Perkins Loans, Subsidized Stafford Loans, Unsubsidized Stafford Loans, Federal Grad PLUS loans (but not Parent PLUS loans), Federal Direct Consolidation Loans)

Name of Lo	ender	Loan Account Number	Original Principal	Remaini Princip		Remaining Principal
Private Law School	Loans (Ac	cess Group, Key B	ank, Sallie Mae, Bar Lo	oans, etc.)		
				· ,		
Other G <u>raduate Sch</u>	ool Loans					
Jndergraduate Scho	ool Loans					
Γotal Loan Debts						
	To	otal Principal Amount Borrowed	Total Remaining	Balance	Total Mo	onthly Payment(s)
Law						
Graduate						
Undergradua	ate					
Total					<u>'</u>	
Are any of the loans			Yes No			,

<sup>\*\*</sup>Total all loans at the bottom of the page.

# Applicant's Spouse's or Domestic Partner's Indebtedness Information (If Applicable)

## Federally Direct and Federally Guaranteed Law School Loans

(Includes Perkins Loans, Subsidized Stafford Loans, Unsubsidized Stafford Loans, Federal Grad PLUS loans (but not Parent PLUS loans), Federal Direct Consolidation Loans)

	Name of Lend	er Loan Account Number	Original Principal	Remain Princip	
Private	Law School Lo	oans (Access Group, Ke	y Bank, Sallie Mae	Bar Loans,	etc.)
Other G	Graduate Schoo	ol Loans			
Underg	raduate Schoo	l Loans			
Total L	oan Debts	·			
		Total Principal Amount Borrowed	Total Remaining	Balance	Total Monthly Payment(s)
	Law				
	Graduate				
	Undergraduate				
	Total				
	of the loans abo	ove consolidated loans? Yo	es No		

### **Attacnments**

Please	attach the following to your application form:
	A short statement describing (1) financial need and how the LRAP will be of assistance; and (2) your commitment to public interest law.
	A short statement describing the nature of present and relevant past employment.  A current resume.
	Employment verification form, including full-time/part-time status, form completed and signed by all employers. (The form can be found at the end of the application.)
	One recommendation letter from an employer or coworker.
	Copies of current primary loan statements and payment schedules from all law school loan sources (official lenders recognized by the College of Law).
	Copy of your current federal income tax return including all schedules and attachments. (Those who are married and filed separately must also attach their spouse's most recent federal income tax return, including all schedules and attachments. If applicable, attach your domestic partner's income tax return.)
	A copy of birth or adoption certificate if a dependent was born/adopted after the most recent tax filing.

Send Completed Applications to:
Shaye Loughlin
Director, Center for Public Interest Law
25 East Jackson Boulevard, 1155 OM
Chicago, Illinois 60604
312.362.7212
sloughli@depaul.edu

Applications must be postmarked by April 18, 2021. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

# I hereby agree to abide by the rules of the DePaul University College of Law's LRAP with regard to the repayment of any unforgiven loans extended under the Program. Initial I agree to disclose to the LRAP Committee any other loan assistance I receive. Initial I agree to inform the LRAP Committee within three weeks of any changes in my employment status or other relevant changes in circumstances during the program year lnitial relevant changes in circumstances during the program year. Name: Signature Date:

DEPAUL UNIVERSITY COLLEGE OF LAW LOAN REPAYMENT ASSISTANT PROGRAM (LRAP)

# DEPAUL UNIVERSITY COLLEGE OF LAW LOAN REPAYMENT ASSISTANT PROGRAM (LRAP)

# EMPLOYER CERTIFICATION FORM

Name:		
Social Security Number:		
I authorize my employer at to provide the College of Law LRAP Committee.	information requested in Part B	to the DePaul University
Applicant's Signature		Date
PART B: To be completed by the EMPL	-OYER:	
Dear Sir or Madam:		
	ocess requires certification from mation and return it to our office	special program at DePaul University the employer of the applicant's employment as soon as possible, but no later than April 12-362-7212.
The above named individual is a	current employee	former employee
Date employment began/will begin:		
Date employment ended (if applicable):		
Employment Status:		
Full-time:	Part-time: Hours PT emplo	yee works per week
Is employment with a nonprofit organic Section 501(c)(4); or government service?		mpt status under Section 501(c)(3) or
Is a JD degree required for this individual's	s position? Yes No	

Annual Gross Salary:
Comments:
Print Name:
Signature:
Title:
Name of Employer:
Address:
Phone:
Date: