

# **THE JOHN MARSHALL LAW SCHOOL LOAN REPAYMENT ASSISTANCE PROGRAM**

## **2017 LRAP APPLICATION CHECKLIST**

Please attach the following documents. Your application is not complete and cannot be evaluated until all information is submitted. All information must be submitted by 5:00pm CST on November 3, 2017.

\_\_\_ LRAP Application Form (attached)

\_\_\_ Resume

\_\_\_ Personal Statement (discussing your commitment to public service and career goals)

\_\_\_ Employer Certification form (attached)

\_\_\_ Loan Indebtedness Worksheet (attached)

\_\_\_ Copy of your 2016 federal income tax return including all schedules and attachments (unless you were not required by law to submit a return). If you are married and filed separately you must also attach your spouse's most recent federal income tax return.

\_\_\_ Documentation that shows current monthly payment and balance remaining on all loans

Submit completed application packet to:

Kim Isemann  
Director of Career Services  
The John Marshall Law School  
315 S. Plymouth Court  
Chicago, IL 60604  
312.427.2737 ext. 344  
kiseemann@jmls.edu

**THE JOHN MARSHALL LAW SCHOOL  
LOAN REPAYMENT ASSISTANCE PROGRAM**

**2017 LRAP APPLICATION FORM**

**LRAP APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Law school graduation date: \_\_\_\_\_

Relationship Status (check one):

\_\_\_\_\_ Single \_\_\_\_\_ Married

Names and ages of qualifying dependents: (as determined by your 2016 federal income tax return)

Dependent No. 1: \_\_\_\_\_ Age: \_\_\_\_\_

Dependent No. 2: \_\_\_\_\_ Age: \_\_\_\_\_

Dependent No. 3: \_\_\_\_\_ Age: \_\_\_\_\_

Dependent No. 4: \_\_\_\_\_ Age: \_\_\_\_\_

**LRAP APPLICANT EMPLOYMENT INFORMATION**

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer telephone number: ( ) \_\_\_\_\_

Your position/job title: \_\_\_\_\_

Starting date of employment: \_\_\_\_\_

Current annual salary: \_\_\_\_\_

**SPOUSE EMPLOYMENT INFORMATION**

Name of spouse: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Telephone number: (    ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Position/job title: \_\_\_\_\_

Starting date of employment: \_\_\_\_\_

Current annual salary: \_\_\_\_\_

**CERTIFICATION**

I certify that all information provided above is true and accurate as of this date. I understand that the deadline to apply for the Loan Repayment Assistance Program is November 3, 2017. I further agree to notify The John Marshall Law School (JMLS) of any changes in employment status, address, marital status or income and provide any additional information requested by JMLS.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**2017 EMPLOYER CERTIFICATION FORM**  
**(This portion to be completed by applicant)**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I verify that all employment information provided below is true and accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**EMPLOYER CERTIFICATION**  
**(To be completed by applicant's supervisor)**

Organization's official name: \_\_\_\_\_

Supervisor's printed name: \_\_\_\_\_

Supervisor's title: \_\_\_\_\_

Type of organization:

\_\_\_\_\_ Not-for-profit corporation with § 501(c) (3) tax exempt status

\_\_\_\_\_ Governmental entity

\_\_\_\_\_ Other \_\_\_\_\_

Employee's job title: \_\_\_\_\_

Does employee hold a full-time position? \_\_\_\_\_

Dates of employment with employer in 2017: \_\_\_\_\_

Total Salary expected to be paid to employee in calendar year 2017: \$ \_\_\_\_\_

I hereby certify that the above employment information is correct.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name (please print) and Title

\_\_\_\_\_  
Phone Number

**2017 LOAN INDEBTEDNESS WORKSHEET**

Name: \_\_\_\_\_

You must include documentation with your application. If you are married and your spouse has student loans, all information must be provided for your spouse as well. All requested information is only for educational loans.

<b>Type of Loan</b>	<b>Total Amount Borrowed</b>	<b>Current Loan Balance (as of application date)</b>	<b>Monthly Payments</b>
<u>Applicant</u>			
Federal Loans	_____	_____	_____
Private Loans	_____	_____	_____
Non-Law School	_____	_____	_____
<u>Applicant's Spouse</u>			
Federal Loans	_____	_____	_____
Private Loans	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____

**Have any or all loans been consolidated?      YES    NO**

**Loan Repayment Assistance**

List any loan repayment assistance that you or your spouse are currently receiving, have applied for, or otherwise expect to receive (include recipient, amount, source, and dates of any assistance):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_