THE JOHN MARSHALL LAW SCHOOL
LOAN REPAYMENT ASSISTANCE PROGRAM

2016 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 December 2, 2016.

___ 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 2015 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

Mail completed application packet to:

Kim Isemann
Associate Director for Career Services
The John Marshall Law School
315 S. Plymouth Court
Chicago, IL 60604
312.427.2737 ext. 344
THE JOHN MARSHALL LAW SCHOOL
LOAN REPAYMENT ASSISTANCE PROGRAM

2016 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 2015 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 December 2, 2016. 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
2016 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 2016: ______________________________

Total Salary expected to be paid to employee in calendar year 2016: $ __________

I hereby certify that the above employment information is correct.

_____________________________________________ ________________________
Supervisor’s Signature Date

_____________________________________________ ________________________
Supervisor’s Name (please print) and Title Phone Number
2016 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.

<table>
<thead>
<tr>
<th>Type of Loan</th>
<th>Total Amount Borrowed</th>
<th>Current Loan Balance (as of application date)</th>
<th>Monthly Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Federal Loans</td>
<td>_____</td>
<td>_____</td>
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</tr>
<tr>
<td>Private Loans</td>
<td>_____</td>
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<tr>
<td>Non-Law School</td>
<td>_____</td>
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<tr>
<td>Applicant’s Spouse</td>
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<tr>
<td>Federal Loans</td>
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<tr>
<td>Private Loans</td>
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<tr>
<td>TOTALS</td>
<td>_____</td>
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</tr>
</tbody>
</table>

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):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________