



UNIVERSITY OF SAN FRANCISCO
SCHOOL OF LAW

Keta Taylor Colby Public Interest Law Program
Loan Repayment Assistance Program Application

Application Deadline: October 1, 2011

Funding Period: January 1 - December 31, 2012

Please review the "Loan Repayment Assistance Program Guidelines" for eligibility requirements prior to completing this application. Eligibility for Program participation is based on six factors:

- date of Juris Doctor degree
• employment in a qualifying public interest position
• total projected annual income
• monthly repayment schedule of outstanding educational debt
• length of time in the Program
• available Program funds

You must provide a brief statement (approximately 250-500 words) articulating why you should receive an LRAP loan, how your work benefits the public interest, and how your work meets the definition of public interest set forth in the LRAP Guidelines.

Additional information is requested below. Only complete and timely applications, including supporting documentation, will be considered by the Social Justice Committee. Since this application, in most instances, requests an estimate of prospective income and loan payments, you will be required to provide subsequent verification of income and loan payments in December that will be used to finalize your LRAP funding award.

Name: \_\_\_\_\_ Juris Doctor degree date: \_\_\_\_\_

Former Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_
(if applicable)

Home Address: \_\_\_\_\_
\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you have a spouse or domestic partner? Yes No

If yes, please provide name: \_\_\_\_\_

I agree to notify, in writing, the LRAP administrator at the School of Law if any information relevant to my application changes prior to or during the funding period. Failure to do so may result in the forfeiture of future loan disbursements and/or eligibility for subsequent LRAP funding.

Signature

Date

**I. EMPLOYMENT INFORMATION:** Check applicable statements; provide information requested.

A.  You are employed by a Public Service/Public Interest Organization, which is defined as "any organization qualifying for tax exemption under Sec. 501(c)(3) of the Internal Revenue Code." Attach a copy of the employer's IRS tax-exempt certificate.

B. You are employed by the government:

You provide legal assistance to the poor or under represented.

You work on environmental issues.

Other: In your personal statement, specify your job duties and provide examples of work done or in progress.

C.  You work in private public interest employment. Attach your employer's verification of the nature of your work, the clients served, and the percentage of your work performed on a pro bono, reduced, or court-awarded fee basis.

D. Employer Name: \_\_\_\_\_

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

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

Start Date: \_\_\_\_\_

Does position have an end date? (e.g., two year fellowship): Yes No

If yes, provide the end date: \_\_\_\_\_

Number of Hours Employed per Week: \_\_\_\_\_

Anticipated Salary for **Jan.-Dec. 2012** (attach employer's letter): \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E.  You or your spouse/domestic partner will be employed by more than one employer during the January through December 2012 year, and **attach a separate sheet** providing employer and wage information for each.

You or your spouse/domestic partner will be unemployed or employed on a part-time basis for any period during the January through December 2012 year, and **attach a separate sheet providing** an explanation and any information concerning sources of income during this period.

**II. CONTACT INFORMATION**

Please identify a family member or friend who will always know how to reach you: (This person should not reside at your home address.)

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**III. FINANCIAL AND PERSONAL INFORMATION:**

**A. Projected Income:**

Please project your and your spouse's/partner's income for the period of January through December 31, 2012. *Participants are required to inform the School of Law if their projected data changes.*

Applicant's total anticipated earned income for Jan. - Dec. 2012: \$ \_\_\_\_\_  
(if continued employment, include most recent pay stub)

Spouse/Domestic Partner's anticipated earned income for January - December 2012: \$ \_\_\_\_\_

Other taxable income (e.g., interest & other payments): \$ \_\_\_\_\_

Non-taxable income (e.g., including other LRAP funds) \$ \_\_\_\_\_

Amount of cash and savings: \$ \_\_\_\_\_

**B. Other Investments:**

Rental Property \$ \_\_\_\_\_ Stocks \$ \_\_\_\_\_

Ind. Ret Acct (IRA) \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Real Estate:  
Purchase Price: \$ \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

List all automobiles registered to you and/or your spouse/partner:

Vehicle # 1: Year \_\_\_\_\_ Make \_\_\_\_\_ Vehicle # 2: Year \_\_\_\_\_ Make \_\_\_\_\_

Other vehicles: \_\_\_\_\_

**C. Dependents:**

Name(s) and age(s) of dependent children: \_\_\_\_\_

\_\_\_\_\_

Will children be claimed as tax dependants for 2012? Yes No

If any child(ren) will not be claimed on tax form, you must enclose a statement explaining the circumstances and verifying that you anticipate spending at least \$5,000 on each child's care.

**D. Spouse's/Partner's Educational Loan Debt (if in repayment during 2012):**

Monthly payment information (you may be asked to submit verifying documents):

\$ \_\_\_\_\_ X 12 = Total Annual Payment: \$ \_\_\_\_\_

**IV. EDUCATIONAL DEBT: Documentation from lender(s) required**

**A. Attach documentation of loan obligations and evidence of repayment** for the last six months (if applicable) and evidence of current repayment from each of your lender(s). Request a lender statement on letterhead with the following information to be sent to you, the borrower, via U.S. mail:

- Principal outstanding balance
  - Amount and date of last six payments (if applicable)
  - Current status of the loan, i.e. grace period, deferment, repayment, etc.
  - Confirmation that your repayments are current.
- Submit lender statement(s) with your application. *Please note that it may take several weeks to obtain a lender statement, so plan accordingly.* Applicants or borrowers with questions about the statement may contact the USF School of Law Financial Aid coordinator at (415) 422-6210.

**B. Indicate law school debt in Chart 1 and prior educational debt in Chart 2.** Follow these instructions when completing the debt charts:

- *Type of loan* – please identify as Federal or Private
- *Servicer* -- identify the agency collecting your payments, i.e. Dept of Education (DOE), Access Group, Key Bank, AES, etc.
- *Supporting documents* should identify the Loan Servicer’s name, address and telephone no.
- Applicants must also complete the Consent to Release Loan Information form.

**Chart 1:** Outstanding educational loans obtained while attending USF School of Law

Type of Loan	Loan Servicer or Lender (with telephone #)	Current Principal (within 60 days)	Monthly Payment Amt	Next Due Date	Duration of Repayment (10-20-30yrs)

**Chart 2:** Outstanding educational debt incurred prior to law school

Type of Loan	Loan Servicer or Lender (with telephone #)	Current Principal (within 60 days)	Monthly Payment Amt	Next Due Date	Duration of Repayment (10-20-30yrs)

**V. Applicants must agree to authorize release of their loan** information to USF School of Law for purposes of this program. The consent statement is included on the last page of the application.

**VI. Are you participating in the federal Income Based Repayment (IBR) option?**    Yes    No

If IBR reduces monthly payments to an amount less than 10% of your gross income, the Social Justice Committee will consider reducing the amount you are expected to contribute to your own repayment and will consider providing some repayment assistance.

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**VII. DOCUMENT CHECKLIST:** Check the items enclosed with your application and be sure to include all required documents.

\_\_\_\_\_ *Required, if employed in 2010:* IRS income tax return (1040, 1040A, 1040EZ) and all schedules. Include copy of spouse's/domestic partner's income tax return.

\_\_\_\_\_ *Required, if employed in 2010:* Form W-2 wage statement(s).

\_\_\_\_\_ *Required:* A letter from your employer verifying: (a) the position you hold; (b) your date of hire; (c) your status as permanent/temporary, full-time/part-time, etc.; (d) additional terms of employment, if any; (e) your monthly salary and (f) end date if applicable.

\_\_\_\_\_ *Required:* Current pay stub (if employed).

\_\_\_\_\_ *If employed by non-profit organization:* Copy of employer's IRS tax-exempt certificate.

\_\_\_\_\_ *If employed by government,* specify your duties and include detailed examples of the way your work has or will serve the public interest.

\_\_\_\_\_ *If working in private public interest:* Employer's written verification of the nature of your work, the clients served, and the percentage performed on a pro bono, reduced, or court-awarded basis. (See *LRAP Guidelines*.)

\_\_\_\_\_ *Required:* A brief personal statement (approximately 250-500 words articulating why you should receive an LRAP grant, how your work benefits the public interest, and how your work meets the definition of public interest as set forth *LRAP Guidelines*).

\_\_\_\_\_ *Required:* Current resume.

\_\_\_\_\_ *Required:* A list of three references - at least one for character and one from work.

\_\_\_\_\_ *Required:* Lender statement(s) from each lender confirming loan obligations and evidence of repayment for the last six months (if applicable) and evidence of current repayment. Include telephone number of each lender.

\_\_\_\_\_ *If employed by more than one employer:* Statement with employer & wage information.

\_\_\_\_\_ *If a period of unemployment or part-time work by you and/or spouse/domestic partner:* Statement explaining circumstances.

\_\_\_\_\_ *If any dependent child(ren) will not be claimed on tax forms:* Statement explaining circumstances and verifying that you anticipate spending at least \$5,000 on each child's care

\_\_\_\_\_ *If income exceeds \$60,000 per year:* Statement explaining why you should receive a waiver from the eligibility threshold (see Eligibility Guidelines)

**VIII. CERTIFICATION:**

All of the information on this application form is true and complete to the best of my (our) knowledge. If asked by an authorized official, I (we) agree to provide proof of the information that I (we) have supplied on this application form. I (we) understand that funding through the Loan Repayment Assistance Program is not guaranteed. I (we) understand that funding may be adjusted or rescinded upon receipt of verifying information.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's/Domestic Partner's Signature (if applicable)

\_\_\_\_\_  
Date

**IX. DEADLINE:** Completed application and materials must be received *in hard copy* by the Program Administrator not later than **October 1, 2011**:

USF School of Law  
Elizabeth Benhardt, Assistant Dean  
Kendrick Hall, Room 328  
2130 Fulton Street,  
San Francisco, CA 94117-1080

Telephone: (415) 422-6304

Email: Benhardt@usfca.edu

**CONSENT TO RELEASE LOAN INFORMATION**

*Applicants must authorize release of their loan details to USF School of Law for LRAP purposes.*

University of San Francisco School of Law  
Keta Taylor Colby Loan Repayment Assistance Program

Date \_\_\_\_\_,

Dear Lender or Loan Servicer:

I am an applicant or participant in the University of San Francisco's Loan Repayment Assistance Program (LRAP). As part of the application and review process, a representative of the University of San Francisco (USF) will need to verify information regarding my qualifying loan(s) twice a year.

I hereby authorize the release of any loan information requested by USF in consideration of my LRAP application (Oct/Nov) or my mid-year review (June/July). Any questions about this authorization should be directed to me during regular business hours at the telephone number provided below.

Thank you in advance for your assistance.

Signed: \_\_\_\_\_

Please print name: \_\_\_\_\_

Daytime Telephone number: \_\_\_\_\_