UNIVERSITY OF SAN FRANCISCO SCHOOL OF LAW

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

Application Deadline: January 2, 2026 **Funding Period:** January 1 - December 31, 2026

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 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*: _____

**Degree date must be between Dec.'20 – May '25 for 2026 funding*

Former Name: _____ Social Security #:_____
(if applicable)

Home Address: _____

_____

Mailing Address (if different): _____

_____

Work Phone: _____

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.

_____ _____
Applicant's Signature Date

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

A. [ ] You are employed by a Public Service/Public Interest Organization which qualifies 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, significantly reduced, or court-awarded fee basis. The document must also state the "low fee" and the comparable fee. Also attach W-9, found at www.IRS.gov.

D. [ ] You are not in an attorney position, but your work is law-related. Attach an explanation indicating how your work is law-related, i.e., how your law degree contributed substantially to your ability to obtain your job or requires the use of legal skills

E. 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. 2026** (attach employer's letter): _____

Brief Job Description: _____

_____

_____

F. [ ] You or your spouse/domestic partner will be employed by more than one employer during the January through December 2026 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 2026 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, 2026. *Participants are required to inform the School of Law if their projected data changes.*

Applicant's total anticipated earned income for Jan.- Dec. 2026: $_____
(if continued employment, include most recent pay stub)

Spouse/Domestic Partner's anticipated earned income for January - December 2026: $_____

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. Household:

If married, did/will you file your federal income tax ☐Separately ☐ Jointly

Name(s) and age(s) of dependent children, if any: _____

_____

Will children be claimed as tax dependents for 2026? ☐ 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 $6,000 on each child's care.

D. Spouse/Partner's Educational Loan Debt (if in repayment during 2026): Monthly payment information (must submit verifying documents):

$_____X 12 = Total Annual Payment: $_____

IV. EDUCATIONAL DEBT:

A. Indicate law school debt in Chart 1 and prior educational debt in Chart 2.

Follow these instructions when completing the debt charts:
☐ Identify loan as federal or private
☐ *Servicer* -- identify the service provider/agency collecting payments for your loans.
☐ Current status of the loan, i.e. in repayment, grace period, deferment, etc.
☐ Principal outstanding balance
☐ Amount of monthly payment (if applicable)
☐ Next due date
☐ *Repayment Type* – Standard, Income-Driven, Graduated (10-30 yr), Extended (0-25 yr.) plan, etc.
☐ Start date of income driven repayment plan, i.e. IBR, PAYE, SAVE (former REPAYE), ICR *(if applicable)*

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

Federal or Private	Loan Servicer	Current Loan Status	Current Principal	Monthly Payment	Next Due Date	Repayment Type	Start date of Income-Driven repayment

Chart 2: Outstanding educational debt incurred prior to law school

Federal or Private	Loan Servicer	Current Loan Status	Current Principal	Monthly Payment	Next Due Date	Repayment Type	Start date of Income-Driven repayment

B. If any loan repayments are not up to date, include a statement explaining the circumstances.

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

VI. DOCUMENT CHECKLIST: Check enclosed items and include all required documents.

_____ *Required, if employed in 2024*: IRS income tax return (1040) and all schedules. Include copy of spouse's/domestic partner's income tax return.

_____ *Required, if employed in 2024*: Form -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, significantly reduced, or court-awarded basis. Employer must also verify the low fee and the comparable fee.

_____ *If working in private public interest*: W-9. Form available at www.IRS.gov.

_____ *If working in a non-law but law-related job,* explain how your legal education enabled you to obtain or perform your work.

_____ *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*: **Federal loan borrowers**: the loan servicer notice stating the monthly repayment amount, and its duration (start/end dates of the 12-month repayment period).

_____ *Required*: **Private loan borrowers**: a statement from each lender confirming loan obligations and evidence of repayment <u>for the last six months</u> (if applicable) and evidence of current repayment.

_____ *If loan repayment is not current*, provide a statement explaining the circumstances.

_____ *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 educational debt of spouse/partner is to be considered in eligibility calculations*: Documents verifying the individual's current debt and repayment details.

_____ *If any dependent child(ren) will <u>not</u> be claimed on tax forms:* Statement explaining circumstances and verifying that you anticipate spending at least $6,000 on each child's care

_____ *If income exceeds the published yearly maximum ($75,000)*: Statement explaining why you should receive a waiver from the eligibility threshold. Please note that the Eligibility Guidelines, Section A.2, states that exceptions will be made only in extreme cases.

IX. 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

X. DEADLINE: Completed application and materials must be received via email by the Program Administrator no later than 11:59 pm on **January 2, 2026**:

USF School of Law
Stephanie Carlos, Associate Dean
Kendrick Hall, Room 328
2130 Fulton Street,
San Francisco, CA 94117-1080

Telephone: (415) 422-6304

Email:shcarlos@usfca.edu

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

CONSENT TO RELEASE LOAN INFORMATION

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

Date_____,

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 educational loan(s) twice a year.

I hereby authorize the release of any loan information requested by USF in consideration of my LRAP application or compliance with the program obligations. This consent extends for a period of 15-16 months to permit a final review for loan forgiveness.

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: _____