

**Loan Repayment Assistance Program (LRAP)**

**2014 Application Form**

MUST BE RECEIVED BY **9:00 A.M. MONDAY, OCTOBER 27, 2014**

**1. BIOGRAPHICAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s license:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Check One: □ Single □ Domestic Partnership □ Married □ Divorced □ Widowed

**2. EMPLOYMENT INFORMATION**

Employer’s name & address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title and description of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Annual gross income (before taxes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. SPOUSAL/DOMESTIC PARTNER INFORMATION**

Spouse/domestic partner name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual gross income (before taxes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. DEPENDENTS**

Number of dependents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and ages of dependents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**5. ALTERNATE CONTACTS**

Two references who will always know where to contact you (e.g., relatives or friends)

|  |  |  |
| --- | --- | --- |
|  | **Reference 1** | **Reference 2** |
| Name (first, last)  |  |  |
| Address (number and street)  |  |  |
| Address (city, state, zip)  |  |  |
| Telephone |  |  |

**6. OTHER SOURCES OF LOAN REPAYMENT FUNDING**

Have you applied for or been awarded funds from any other loan repayment program? \_\_\_\_\_\_\_\_

If yes, please explain source(s), term(s) and amount(s). Please attach an extra sheet if necessary. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I have considered Income Based Repayment to qualify for Federal Loan Forgiveness through the College Cost Reduction & Access Act of 2007 and the Higher Education Reauthorization and College Opportunity Act of 2009. Yes \_\_\_\_\_ No \_\_\_\_\_\_

**7. FINANCIAL INFORMATION**

***A. Income for calendar year 2013***

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Spouse/Partner** |
| Total wages/salary (before taxes) |  |  |
| Annual bonus  |  |  |
| Other taxable & non-taxable income gifts  |  |  |
| Alimony/maintenance  |  |  |
| Child support  |  |  |
| Capital gains  |  |  |
| Interest income  |  |  |
| Dividends  |  |  |
| Trust income  |  |  |
| Other(such as housing allowances, in-kind assistance or other sources of support) |  |  |
| **TOTAL** |  |  |

***B. Expenses for calendar year 2013***

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Spouse/Partner** |
| Alimony/maintenance  |  |  |
| Child support  |  |  |
| Annual rent/mortgage payments |  |  |
| Real estate taxes |  |  |
| Child care/elder care expenses(explain) |  |  |
| Educational loan payments  |  |  |
| Other |  |  |
| **TOTAL**  |  |  |

***C. Provide the current value of the following assets***

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Spouse/Partner** |
| Checking account  |  |  |
| Savings account  |  |  |
| Equity in home  |  |  |
| Amount still owed on this property |  |  |
| Equity in other real estate |  |  |
| Amount still owed on this property |  |  |
| Stocks and/or bonds |  |  |
| Trusts/mutual funds  |  |  |
| Retirement funds  |  |  |
| Cash value of life insurance policy |  |  |
| **TOTAL** |  |  |

**8. LAW SCHOOL LOANS (as of LRAP application date)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Loan** | **Lender** | **Loan Balance** | **Term of Loan** | **Monthly Payment** | **Date Repayment Starts/Started** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**9. UNDERGRADUATE/OTHER EDUCATIONAL LOANS (as of LRAP application date)**

1. Total loan balance of all undergraduate and other loans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Monthly payment total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. ARE THERE ANY OTHER PERSONAL OR FINANCIAL CIRCUMSTANCES YOU WOULD LIKE THE COMMITTEE TO CONSIDER IN REVIEWING YOUR APPLICATION? IF YES, PLEASE DESCRIBE.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**11. LRAP AWARD YEAR**
Each LRAP award is structured as a forgivable loan to the recipient, with the specific terms set forth in a promissory note. Generally, the note provides for the loan to be forgiven after the recipient completes a year of work in qualifying employment. In other words, you must work continuously in qualifying employment throughout an award year in order to receive an LRAP award. You may elect an award year that begins either on January 1 or July 1. Please indicate which award year you would prefer. We suggest that you choose the award year that begins as soon as possible after your start date. Applicants who received LRAP awards in 2014 or earlier must elect a January 1 award year.

Check One: □ January 1, 2015 □ July 1, 2015

**ITEMS TO BE INCLUDED WITH THIS APPLICATION\***

1. Signed copy of applicant’s (and spouse/domestic partner, if applicable) most recent Federal Income Tax Return.

2. Confirmation letter from employer (or future employer) with annual salary, starting date, and description of employment.

3. Copies of payment statements for each loan certifying monthly payment amounts and that loan payments are current.

4. Completed W-9 form.

5. Personal statement (one page maximum, 12-point font) describing your commitment to public interest work, how you have demonstrated this commitment in the past, and the nature of your qualifying employment.

6. Signed, sealed (or emailed directly from recommender to contact below) letter of recommendation from a professor, employer, or any person who can attest to your commitment to public service.

*\*If this is a renewal application, you may omit items 4, 5, and 6 from your application enclosures.*

**STATEMENT OF CERTIFICATION**

* **I hereby certify that all of the information contained in this application is true and accurate to the best of my knowledge.**

* **I have read the program description and understand that any tax liability incurred by my participation in LRAP is my responsibility.**
* **I agree to notify the University of Colorado Law School Loan Repayment Assistance Program in writing of any changes to the above personal, employment or financial information or changes in the financial situation of my spouse/partner.**
* **I understand that if I receive an award, it would be for fiscal year 2015.**
* **I certify that I will be employed in a “public interest capacity” for an entire award year starting either January 1, 2015 or July 1, 2015.**
* **I also understand that failing to provide all the requested information in compliance with the program guidelines and deadlines may result in my ineligibility to receive LRAP benefits.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

**PLEASE RETURN COMPLETED APPLICATION TO:**

Loan Repayment Assistance Program (LRAP)

Christopher McKee, Director of the Schaden Experiential Learning and Public Service Programs
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