

Application Type

AY 2024-2025 LRAP Application Form

**MUST BE COMPLETED AND SUBMITTED BY 11:59 P.M. (Mountain Time), FRIDAY, OCTOBER 18, 2024**

If you have questions or difficulty submitting your application, email Nicole Netkin-Collins at [nicole.netkincollins@colorado.edu](mailto:nicole.netkincollins@colorado.edu).

Application Type

First Application

Renewal Application

Biographical Information

BIOGRAPHICAL INFORMATION

First Name

Last Name

Law school graduation date

Email Address

Mailing Address

Address

Address 2

City

State

Zip Code

Cell phone number

Home telephone number

Work phone number

Please check one

Single  
☐

Domestic Partnership  
☐

Married  
☐

Divorced  
☐

Widowed  
☐

### Spouse or Domestic Partner Info

#### SPOUSE or DOMESTIC PARTNER INFORMATION

Spouse/domestic partner's name

Spouse/Domestic Partner's employer's name

Spouse/Domestic Partner's current gross annual salary

Preview

### Dependent Information

#### DEPENDENTS

Do you have any dependents?

☐ Yes

☐ No

How many dependents do you have?

Names and ages of dependents (Please enter as Name (age) for each dependent - separating with a comma if you have multiple dependents, e.g. Rabbit (3), Eeyore (2), Kanga (1).)

### Employment Information

**APPLICANT'S EMPLOYMENT INFORMATION**

Employment Information

Employer's name

Employer's address

Employer's telephone number

Employment category

- ☐ Category 1: Working for or under the direction of an organization described in §501(c)(3) of the Internal Revenue Code
- ☐ Category 2: Employer is a federal, state or local government agency, or employer that contracts with such agencies to provide legal services to indigent people
- ☐ Category 3: Employed providing services to underserved populations or serving unmet legal needs

Job Title and description of applicant's work:

Required hours of work per week

Current gross annual salary for salaried employment

# Preview

**Financial Information****FINANCIAL INFORMATION**

INCOME information for calendar year 2023. Do not enter dollar signs (\$). Where the answer is zero, please enter 0.

|   | Applicant                         | Spouse/Domestic Partner           |
|---|-----------------------------------|-----------------------------------|
| Total wages/salary (before taxes)   | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Annual bonus  | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Other taxable & non-taxable income gifts  | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Alimony/maintenance   | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Child support   | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Capital gains   | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Interest income   | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Dividends   | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Trust income  | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Other (such as housing allowances, in-kind assistance, or other sources of support) | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| #Conjoint, Total#   | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |

Please specify the Applicant's income included above under "Other."

Please specify the Spouse/Domestic Partner's income included above under "Other."

EXPENSES for calendar year 2023. Do not enter dollar signs (\$). Where the answer is zero, please enter 0.

|  | Applicant                         | Spouse/Domestic Partner           |
|--|-----------------------------------|-----------------------------------|
| Alimony/maintenance  | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Child support  | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Annual rent/mortgage payments                                  | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Real estate taxes  | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Childcare/eldercare expenses<br>(explain) <input type="text"/> | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Educational loan payments                                      | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Other  | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| #Conjoint, Total#  | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |

Please specify the Applicant's expenses contained under "Other."

Please specify the Spouse/Domestic Partner's expenses contained under "Other."

Preview

Provide the current value of the following assets (Do not enter dollar signs (\$). Where the answer is zero, please enter 0.)

|   | Applicant                         | Spouse/Domestic Partner           |
|---|-----------------------------------|-----------------------------------|
| Checking account                            | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Savings account                             | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Equity in home                              | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Amount still owed on this home              | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Equity in other real estate                 | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Amount still owed on this other real estate | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Stocks and/or bonds                         | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Trusts/mutual funds                         | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Retirement funds                            | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| Cash value of life insurance policy         | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |
| #Conjoint, Total#                           | \$ <input type="text" value="0"/> | \$ <input type="text" value="0"/> |

Block 6

LAW SCHOOL LOANS ONLY (as of LRAP application date) - does not include private bar study loans.

|         | Type of Loan         | Lender               | Loan Balance         | Term of Loan<br>(Timeframe for Repayment -<br>indicate as number of months or years) | Required Monthly Payment | Date Repayment Starts/Started |
|---------|----------------------|----------------------|----------------------|--|--------------------------|-------------------------------|
|         |                      | Example: FedLoans    | Example: 25,315      | Example: 120 months  | Example: 323.15          | Example: October 31, 2021     |
| Loan 1  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>     | <input type="text"/>          |
| Loan 2  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>     | <input type="text"/>          |
| Loan 3  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>     | <input type="text"/>          |
| Loan 4  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>     | <input type="text"/>          |
| Loan 5  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>     | <input type="text"/>          |
| Loan 6  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>     | <input type="text"/>          |
| Loan 7  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>     | <input type="text"/>          |
| Loan 8  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>     | <input type="text"/>          |
| Loan 9  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>     | <input type="text"/>          |
| Loan 10 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>     | <input type="text"/>          |
| Loan 11 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>     | <input type="text"/>          |
| Loan 12 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>     | <input type="text"/>          |

REPAYMENT PLAN

I am enrolled in the following type of repayment plan

☐ Income Contingent Repayment (ICR)

☐ Income Based Repayment (IBR)

☐ Pay As You Earn (PAYE)

☐ RePaye

☐ Another type of plan (specify

UNDERGRADUATE and NON-LAW SCHOOL EDUCATIONAL LOANS (as of LRAP application date) - Do not include law school loans.

Total loan balance of all undergraduate & other educational loans

Monthly payment total for undergraduate & other educational loans

Are these loans consolidated with the law school loans identified above?

- ☐ Yes
- ☐ No

#### OTHER SOURCES OF LOAN REPAYMENT FUNDING

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

- ☐ Yes
- ☐ No

Do you plan to apply for loan repayment funding from any other program for 2025?

- ☐ Yes
- ☐ No

Please explain the source(s), term(s), and amount(s). Please upload an extra sheet if necessary.

# Preview

#### Block 7

Are there any other personal or financial circumstances you would like the committee to consider in reviewing your application?

- ☐ Yes
- ☐ No

Please describe.

#### 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.

January 1, 2025



July 1, 2025



#### ITEMS TO BE INCLUDED WITH THIS APPLICATION

If this is a renewal application, you may omit the personal statement describing your commitment to public interest work, how you have demonstrated this commitment in the past, and the nature of your qualifying employment. **Please note the LRAP Committee will find a personal statement from renewal applicants under Category 3 to be very helpful in evaluating your application.**

Signed copy of applicant's (and spouse/domestic partner, if applicable) most recent Federal Income Tax Return. **Redact all social security numbers.**

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

**If you indicated your employment qualifies for LRAP under Category 3,** the confirmation letter must also indicate the employer's specialized area(s) of practice; the percentage of your work spent on each identified practice areas; and the hourly rate (if any) at which your work is billed to clients.

# Preview

Copies of payment statements for each loan certifying monthly payment amounts and that loan payments are current. (If you have more than one statement, bundle your statements into a Zip file - max size 100mb - and upload it here.)

Personal statement (one page maximum, 11-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. If you indicated your employment qualifies for LRAP under Category 3, make sure your statement addresses why you consider the population in question to be underserved and/or what unmet legal need(s) your work is serving/meeting.

Would you like to upload an additional document(s)?

☐ Yes

☐ No

Upload that document here - file size limit 100mb.

#### Certification and Signature

STATEMENT OF CERTIFICATION

Please read all of the following information below, including any links, and certify your acceptance of each statement.

| You must certify each statement in order to submit your application.   |                       |
|--|-----------------------|
| Click the button for each statement.   |                       |
| I hereby certify that all of the information contained in this application is true and accurate to the best of my knowledge.   | <input type="radio"/> |
| I have read the program's description ( <a href="http://www.colorado.edu/law/admissions/financial-aid/lrap-loan-repayment-assistance-program">http://www.colorado.edu/law/admissions/financial-aid/lrap-loan-repayment-assistance-program</a> ), including the FAQs ( <a href="http://www.colorado.edu/law/lrap-faqs">http://www.colorado.edu/law/lrap-faqs</a> ). | <input type="radio"/> |
| I understand that any tax liability incurred by my participation in LRAP is my responsibility.   | <input type="radio"/> |
| 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.   | <input type="radio"/> |
| I understand that if I receive an award, it would be for fiscal year 2025.   | <input type="radio"/> |
| I certify that I will be employed in a "public interest capacity" for an entire award year starting either January 1, 2025 or July 1, 2025.  | <input type="radio"/> |
| 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.   | <input type="radio"/> |

SIGNATURE

Please sign your application by typing your full name in the box below.

Preview

LRAP Contact

Click through to the next page to download a PDF of your completed application. Direct any questions to Nicole Netkin-Collins ([nicole.netkincollins@colorado.edu](mailto:nicole.netkincollins@colorado.edu); 303-492-1792)



# Preview