

**Loan Repayment Assistance Program (LRAP)**

**AY 2018-2019 Application Form**

MUST BE RECEIVED BY **5:00 P.M. FRIDAY, OCTOBER 5, 2018**

**First Application Renewal Application**

**1. BIOGRAPHICAL INFORMATION**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Law school graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

□ Widowed

**2. SPOUSE or DOMESTIC PARTNER INFORMATION**

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

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

Annual gross salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. DEPENDENTS**

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

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

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

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**4. EMPLOYMENT INFORMATION**

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

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

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

Employment category (select one):

* 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; or
* Category 3: Employed providing services to underserved populations or serving unmet legal needs

Job title and description of applicant’s work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Required hours of work per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current gross annual salary for qualifying employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. FINANCIAL INFORMATION**

***A. Income for calendar year 2017***

|  |  |  |
| --- | --- | --- |
|  | **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) – Please specify. |  |  |
| **TOTAL** |  |  |

***B. Expenses for calendar year 2017***

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Spouse/Partner** |
| Alimony/maintenance |  |  |
| Child support |  |  |
| Annual rent/mortgage payments |  |  |
| Real estate taxes |  |  |
| Childcare/eldercare expenses(explain) |  |  |
| Educational loan payments |  |  |
| Other – Please specify. |  |  |
| **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 home |  |  |
| Equity in other real estate |  |  |
| Amount still owed on this other real estate |  |  |
| Stocks and/or bonds |  |  |
| Trusts/mutual funds |  |  |
| Retirement funds |  |  |
| Cash value of life insurance policy |  |  |
| **TOTAL** |  |  |

**6. LAW SCHOOL LOANS ONLY (as of LRAP application date) – does not include bar study loans**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Loan**  **(Examples: Federal Direct Grad Plus, Federal Direct Stafford, etc.) – Please itemize.** | **Lender** | **Loan Balance** | **Term of Loan**  **(Timeframe for Repayment)** | **Required**  **Monthly Payment** | **Date Repayment Starts/Started** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

**7. REPAYMENT PLAN**

I am enrolled in Income Contingent Repayment (ICR) \_\_\_\_, Income Based Repayment (IBR) \_\_\_\_\_, Pay As You Earn (PAYE) \_\_\_\_\_, RePAYE \_\_\_\_, or another repayment plan (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.



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

1. Total loan balance of all undergraduate & other educational loans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Monthly payment total for undergraduate & other educational loans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are these loans consolidated with the loans identified in #6? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please attach an extra sheet if necessary.)

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

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

Do you plan to apply for loan repayment funding from any other program for 2019? \_\_\_\_\_\_\_\_\_\_

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

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**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.

Check One: □ January 1, 2019 □ July 1, 2019

**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. **Please redact all social security numbers.**

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

1. 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 of the identified practice areas; and the hourly rate (if any) at which your work is billed to clients.

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

4. 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.

*\*If this is a renewal application, you may omit item 4 from your application enclosures.* ***Please note the LRAP Committee will find a personal statement from renewal applicants under Category 3 to be very helpful in evaluating your application.***

**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’s description (**[**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)**), including the FAQs (**[**http://www.colorado.edu/law/lrap-faqs**](http://www.colorado.edu/law/lrap-faqs)**).**
* **I 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 2019.**
* **I certify that I will be employed in a “public interest capacity” for an entire award year starting either January 1, 2019 or July 1, 2019.**
* **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 BY MAIL or HAND DELIVERY TO:**

Loan Repayment Assistance Program (LRAP)

Alexia McCaskill, Senior Director for Professional Development

University of Colorado Law School

Career Development Office

Wolf Law Building │ 401 UCB

Boulder, CO 80309-0401

**DIRECT QUESTIONS TO:**

Alexia McCaskill: 303-492-5911; alexia.mccaskill@colorado.edu