

**Willamette University College of Law
Loan Repayment Assistance Program**

LRAP APPLICATION FORM

LRAP APPLICANT INFORMATION

Applicant Name: _____

Social Security Number: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: () _____ **E-Mail:** _____

Relationship Status (check one):
 _____ **Single** _____ **Married** _____ **Domestic Partnership**

Names and ages of dependent children under age 21:

Dependent No. 1: _____ **Age:** _____

Dependent No. 2: _____ **Age:** _____

Dependent No. 3: _____ **Age:** _____

Dependent No. 4: _____ **Age:** _____

Law school graduation date: _____

LRAP APPLICANT EMPLOYMENT INFORMATION

Name of Employer: _____

Employer Address: _____

Employer telephone number: _____ **E-Mail:** _____

Your position/job title: _____

Starting date of employment: _____

Current annual gross income: _____

SPOUSE OR DOMESTIC PARTNER EMPLOYMENT INFORMATION

Name of spouse or domestic partner:

Name of employer: _____

Employer address: _____

Telephone number: _____ E-Mail: _____

Position/job title: _____

Starting date of employment: _____

Current annual gross income: _____

CERTIFICATION

I certify that all information provided above is true and accurate as of this date. I understand that the annual deadline to apply for the Loan Repayment Assistance Program is December 1. I further agree to notify Willamette University College of Law Career Services office (WCS) of any changes in employment status, address, marital status or income and provide any additional information requested by WCS.

Applicant Signature

Date

LRAP APPLICATION CHECKLIST

Please attach the following documents. Your application is not complete and cannot be evaluated until all information is submitted. All information must be submitted by the deadline date.

- Letter from employer with annual salary, starting date and contact person.**
- Income Information Worksheet (attached)**
- Applicant Loan Indebtedness Worksheet (attached)**
- Spouse/Domestic Partner Loan Indebtedness Worksheet, if applicable (attached)**
- Payment information sheet or payment coupon from your lender that includes monthly payment amount and account numbers.**
- Asset Worksheet (attached)**
- Copy of your most recent income tax return (unless you were not required by law to submit a return).**
- Promissory Note Agreement (attached)**
- Applicant's signed Acknowledgement of Duty to Report Changes in financial status (attached)**
- Applicant Request for Loan Forgiveness (not required for first time applicants)**
- Spouse/Domestic Partner Employment Certification form for Loan Forgiveness, if applicable (not required for first time applicants)**

INCOME INFORMATION WORKSHEET

Name of Applicant _____

Please report *estimated* income for the period of January 1 through December 31 for the year in which assistance is sought. For example, if you are applying in January 2010, you are seeking assistance for 2010. If you are married or live with a domestic partner, your spouse's/domestic partner's income must be reported. A copy of your and your spouse's/domestic partner's most recent income tax return, along with any applicable IRS Schedules, must be attached to this form.

	Applicant	Spouse/Partner
Wages and Salaries		
Overtime/Bonus/Commissions		
Total Interest Income (if more than \$500)		
Total Dividend Income (if more than \$500)		
Business Income		
Alimony/Child Support received		
Unemployment Compensation		
Rental Income		
Trust Fund Income		
Other Income (specify):		
Total Income:		

APPLICANT LOAN INDEBTEDNESS WORKSHEET

Note: For verification purposes, attach either a “Borrower Account Summary” from your loan servicer(s) or copies of any repayment schedules. Submit documentation of current principal and balances and interest rates.

Name of Applicant: _____

Applicant Law School Loans (GSL, Stafford, Perkins, LSL, LAL, Bar Study Loan)

	Lender/Loan Type	Interest rate	Total Due/Years	Month/Year Payments Begin
Year 1			\$ _____ / _____ yrs	
Year 2				
Year 3				

Law School Loans Total Due: \$ _____

Have you consolidated your need-based loans? _____ yes _____ no

If so, indicate consolidation terms and attach a copy of your consolidation application.

List the loans you consolidated:

Applicant Undergraduate and Graduate School Loans

Lender/Type of Loan	Amt. Of Loan	Interest Rate	Total Due/Years	Month/Year Payments Begin
			\$ _____ / _____ yrs	
			\$ _____ / _____ yrs	
			\$ _____ / _____ yrs	
			\$ _____ / _____ yrs	

TOTAL AMOUNT DUE: \$ _____

• **Law School Loans:** _____

• **Undergraduate:** _____

TOTAL ANNUAL PAYMENT: _____

SPOUSE/DOMESTIC PARTNER EDUCATIONAL DEBT INFORMATION

Applicant Name: _____

Spouse/Domestic Partner Name: _____

Please complete this form only if your spouse/domestic partner is required to make monthly payments on student loans. Include the requested information below for any undergraduate and/or graduate loan payments currently in repayment. Supporting documentation for each loan listed must be provided.

Lender/Type of Loan	Amt. Of Loan	Interest Rate	Total Due/Years	Monthly Payments
			\$ _____ / _____ yrs	
			\$ _____ / _____ yrs	
			\$ _____ / _____ yrs	
			\$ _____ / _____ yrs	

TOTAL AMOUNT DUE: \$ _____ \$ _____

Are any of the loans listed above in a deferment or forbearance status with the lender?
 ____yes ____no

If yes, which ones and when are you expected to begin repayment on the loans(s)?

ASSET WORKSHEET

Applicant Name: _____

	Applicant	Spouse/Partner
Cash and Bank Accounts		
Home Equity		
Other Real Estate and Investment Equity		
Trust/Inheritance		
Stocks/Bonds (outside IRA or retirement accounts)		
Auto Equity		
Est. Value of Personal Tangible Property		
Other (specify):		
Total Assets:		

ACKNOWLEDGMENT OF DUTY TO REPORT CHANGES

This form must be notarized and returned with your application. Failure to return this form will delay or stop the processing of your Loan Forgiveness application for the upcoming year.

I, _____, promise to report promptly any material changes in my financial status to Career Services at Willamette University College of Law. Such changes include changes in salary or assets for me or my spouse/domestic partner, or any other material change that would affect the amount of assistance for which I would be eligible under this program.

Dated this ___ day of _____, 20__

State of _____
County of _____

This instrument was acknowledged before me on _____, 20__

by _____.

Notary Public - State of _____