THE JOHN MARSHALL LAW SCHOOL
LOAN REPAYMENT ASSISTANCE PROGRAM

2017 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 5:00pm CST on November 3, 2017.

____ LRAP Application Form (attached)
____ Resume
____ Personal Statement (discussing your commitment to public service and career goals)
____ Employer Certification form (attached)
____ Loan Indebtedness Worksheet (attached)
____ Copy of your 2016 federal income tax return including all schedules and attachments (unless you were not required by law to submit a return). If you are married and filed separately you must also attach your spouse’s most recent federal income tax return.
____ Documentation that shows current monthly payment and balance remaining on all loans

Submit completed application packet to:

Kim Isemann
Director of Career Services
The John Marshall Law School
315 S. Plymouth Court
Chicago, IL 60604
312.427.2737 ext. 344
6isemann@jmls.edu
THE JOHN MARSHALL LAW SCHOOL
LOAN REPAYMENT ASSISTANCE PROGRAM

2017 LRAP APPLICATION FORM

LRAP APPLICANT INFORMATION

Applicant Name: ____________________________________________________________
Street Address: ___________________________________________________________________
City: ____________________ State: __________________ Zip: ________
Telephone Number: ( ) ____________________ E-Mail: ____________________________
Law school graduation date: __________________________
Relationship Status (check one):
   _____ Single _____ Married

Names and ages of qualifying dependents: (as determined by your 2016 federal income tax return)

Dependent No. 1: ____________________________________________ Age: ______
Dependent No. 2: ____________________________________________ Age: ______
Dependent No. 3: ____________________________________________ Age: ______
Dependent No. 4: ____________________________________________ Age: ______

LRAP APPLICANT EMPLOYMENT INFORMATION

Name of Employer: ___________________________________________________________________
Employer Address: __________________________________________________________________
Employer telephone number: ( ) ______________
Your position/job title: __________________________________________________________________
Starting date of employment: __________________________
Current annual salary: __________________________
SPOUSE EMPLOYMENT INFORMATION

Name of spouse: ________________________________

Name of employer: ________________________________

Employer address: __________________________________

Telephone number: ( ) _______________ E-Mail: _____________________________

Position/job title: ________________________________

Starting date of employment: ________________

Current annual salary: __________________________

CERTIFICATION

I certify that all information provided above is true and accurate as of this date. I understand that the deadline to apply for the Loan Repayment Assistance Program is November 3, 2017. I further agree to notify The John Marshall Law School (JMLS) of any changes in employment status, address, marital status or income and provide any additional information requested by JMLS.

__________________________________________  ________________
Applicant Signature                          Date
2017 EMPLOYER CERTIFICATION FORM
(This portion to be completed by applicant)

Name: ________________________________________________________________

Street Address: ___________________________________________________________________________________

City: _____________________________ State: ____________________ Zip: _____________

Email Address: _______________________

Home Phone: ______________________ Work Phone: ______________________

I verify that all employment information provided below is true and accurate.

_____________________________________________ ____________________
Applicant’s Signature Date

EMPLOYER CERTIFICATION
(To be completed by applicant’s supervisor)

Organization’s official name: _____________________________________________________

Supervisor’s printed name: _____________________________________

Supervisor’s title: ______________________________________________________________

Type of organization:
_____ Not-for-profit corporation with § 501(c) (3) tax exempt status
_____ Governmental entity
_____ Other ________________________________________________________________

Employee’s job title: ____________________________________________________________

Does employee hold a full-time position? ______

Dates of employment with employer in 2017: _______________________________

Total Salary expected to be paid to employee in calendar year 2017: $ ____________

I hereby certify that the above employment information is correct.

_____________________________________________ ____________________
Supervisor’s Signature Date

_____________________________________________
Supervisor’s Name (please print) and Title

_____________________________________________
Phone Number
2017 LOAN INDEBTEDNESS WORKSHEET

Name: ________________________________

You must include documentation with your application. If you are married and your spouse has student loans, all information must be provided for your spouse as well. All requested information is only for educational loans.

<table>
<thead>
<tr>
<th>Type of Loan</th>
<th>Total Amount Borrowed</th>
<th>Current Loan Balance (as of application date)</th>
<th>Monthly Payments</th>
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</thead>
<tbody>
<tr>
<td>Applicant</td>
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<tr>
<td>Federal Loans</td>
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<tr>
<td>Private Loans</td>
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<td>Non-Law School</td>
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<td>Applicant’s Spouse</td>
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<td>Federal Loans</td>
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<td>TOTALS</td>
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</tr>
</tbody>
</table>

Have any or all loans been consolidated?     YES     NO

Loan Repayment Assistance
List any loan repayment assistance that you or your spouse are currently receiving, have applied for, or otherwise expect to receive (include recipient, amount, source, and dates of any assistance):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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