



**Loan Repayment Assistance Program (LRAP)**

**LRAP APPLICATION**

**Submit by March 15 of year following graduation**

**MAIL TO: Cybele Smith, LRAP Coordinator, 55 W. 12th Ave., Columbus, OH 43210**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone:(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Work Telephone:(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Social Security Number:\_\_\_\_-\_\_\_\_-\_\_\_\_\_ E-mail:\_\_\_\_\_

Dates of Law School Attendance:\_\_\_\_\_

Graduation Date:\_\_\_\_\_ Bar Exam Date:\_\_\_\_\_

**1. Employment Information**

Employer's Name:\_\_\_\_\_

Address:\_\_\_\_\_

\_\_\_\_\_

Contact Name:\_\_\_\_\_

Contact Number:(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Contact Email: \_\_\_\_\_

Job Title: \_\_\_\_\_

Nature of Work:\_\_\_\_\_

\_\_\_\_\_

Annual Salary:\_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Note: Applicant must be employed full-time.

2. List any other Loan Assistance already received or applied for:

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3. Submit Lender Verification Forms for all current loans.

4. Attach signed & dated copies of your last IRS 1040 with all attachments and W2s or submit an affidavit of Non-filing. Deadline is March 15, 2008.

5. Submit Employer Certification Form by the March 15, 2008 deadline.

6. If there are special circumstances that you believe are relevant to this application, please indicate on a separate sheet of paper.

7. CERTIFICATION:

- I certify that loans listed on this application are in good standing.
- I agree to notify The Ohio State University Moritz College of Law of any changes to my personal or financial situation, such as changes in employment, income, address, marital status, etc. within one month of the occurrence.
- I understand that failure to provide all requested information in compliance with program guidelines and deadlines may result in my ineligibility to receive benefits under this program.
- I agree that all funds received from LRAP will be used solely for the purpose of repaying my outstanding law school loans.
- I acknowledge that I have read the LRAP Policies and Guidelines and agree that any assistance that I receive is subject to, and governed by, these Policies and Guidelines. I understand that these Policies and Guidelines may be modified in the future by the LRAP committee.
- I certify that all the information on this application is true and complete to the best of my knowledge.

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Applicant's Signature

Date