

THE GEORGE WASHINGTON UNIVERSITY LAW SCHOOL

WASHINGTON DC

GEORGE WASHINGTON LAW SCHOOL  
LOAN REPAYMENT ASSISTANCE PROGRAM

CONTINUATION APPLICATION FORM

Name: \_\_\_\_\_ Graduation year: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
\_\_\_\_\_ Other phone: \_\_\_\_\_  
\_\_\_\_\_

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

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Annual salary: \_\_\_\_\_ Title: \_\_\_\_\_

(If salary changed in the last year, or will change in the coming year, please complete "Changes Since Last Application" section below.)

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

CERTIFICATION

I, \_\_\_\_\_, hereby certify that the information contained in this Application and the Attachments thereto is accurate and complete, to the best of my knowledge, and is submitted in good faith.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## ATTACHMENTS

Please attach to your completed application copies of the following:

1. Federal tax forms for the last year (1040, 1040EZ, etc.) for self and spouse/partner
2. All attachments to federal tax forms for the last year including W-2 forms for self and spouse/partner
3. Signed employer certification form
4. For each loan for which you receive assistance: documentation verifying payment amount and showing that loan payments are current and not past due.
5. Copy of recent wage/salary statement from employer.
6. Any additional sheets used to elaborate on any of the responses above.

## CHANGES SINCE LAST APPLICATION

Please report any **changes** in the following since your last application:

1. **ONLY IF** change in marital/domestic status  
If married, in civil union or domestic partnership:  
Name of partner/spouse: \_\_\_\_\_

Please also complete #4 below.

2. **ONLY IF** change in number of your minor children living with you.  
For each child (not just new child):

Name	Age	Solely/Jointly supported?
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. **ONLY IF** change in employment

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Starting date: \_\_\_\_\_ Title: \_\_\_\_\_

Yes	No	
_____	_____	Is this employer a non-profit, IRS Code §§501(c)(3), 501(c)(3), or 501(c)(5) organization?
_____	_____	Is this employer a for-profit employer that devotes fifty percent or more of its hours to legal services provided on a pro bono, low fee, or court-awarded fee basis?
_____	_____	Is this employer a government agency?

\_\_\_\_\_      \_\_\_\_\_      Is this full-time employment?

\_\_\_\_\_      \_\_\_\_\_      Does your employer require that a person in your position be a law school graduate?

How does your employer assist underrepresented, indigent individuals or populations?

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

How will your work benefit underrepresented, indigent individuals or populations?

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

What percentage of your working hours will be devoted to work on behalf of indigents or other under-represented populations?

\_\_\_\_\_

4.      **ONLY IF** you or partner/spouse changed employment (or new partner/spouse), **OR** your or partner/spouse had change in other taxable income:

Your gross income (before taking out any deductions): (specify if amount is for a week, biweekly, a month, year): \$ \_\_\_\_\_ every \_\_\_\_\_

Other law loan repayment assistance: \_\_\_\_\_

Other taxable income for self: \$ \_\_\_\_\_ every \_\_\_\_\_

Source of this income: \_\_\_\_\_

Spouse/partner gross income from employment: \$ \_\_\_\_\_ every \_\_\_\_\_

Other taxable income of partner? \$ \_\_\_\_\_ every \_\_\_\_\_

Source of this income: \_\_\_\_\_

Partner's Employer: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

5. **ONLY IF** have significant changes in assets (> \$5,000 total)

ASSETS	SELF	PARTNER
Cash, savings and checking accounts:	\$ _____	\$ _____
Value of home (renters write "0"):	_____	_____
Other real estate:	_____	_____
Business or farm ownership:	_____	_____
Stocks, bonds, CDs, investments:	_____	_____
Retirement account (e.g., 401(k)) (value as of last day of last year)	_____	_____
Beneficiary of contingent trust funds worth:	_____	_____
Beneficiary of vested trust funds:	_____	_____
IRA value (as of last day of last year)	_____	_____
Keogh value (as of last day of last year)	_____	_____

6. **ONLY IF** have significant changes in expenses (> \$5,000 total)

Monthly rent or mortgage payment \$ \_\_\_\_\_

Monthly car payment \$ \_\_\_\_\_  
Make: \_\_\_\_\_ Year \_\_\_\_\_

Child support paid: \$ \_\_\_\_\_ every \_\_\_\_\_

Monthly payments for non-law-school, student loans: \$ \_\_\_\_\_

7. **ONLY IF** consolidated any loans:

Loans consolidated (use numbers from initial application; if not available, list original loans below, then consolidated loan: \_\_\_\_\_

Original loans:

Date	Lender	Initial amount	Total due/over # yrs	Interest rate
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Consolidated loan(s):

Date	Lender	Initial amount	Total due/over # yrs	Interest rate
1. _____				
2. _____				

Amount of consolidated loan principal NOT pertaining to law school:

\_\_\_\_\_

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EMPLOYER CERTIFICATION

Employee name: \_\_\_\_\_

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

Organization/agency: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Authorized official completing form: \_\_\_\_\_

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

Gross annual salary: \_\_\_\_\_

<b>Yes</b>	<b>No</b>	
_____	_____	The individual is working full-time (at least 30 hours/week) or will be working full-time when s/he begins work.
_____	_____	A law degree is required to hold this position.
_____	_____	The individual will not be working on behalf of a political candidate or political party or on a political campaign as part of his/her responsibilities in this position.
_____	_____	The individual will be/is employed by a non-profit, IRS Code §§501(c)(3), 501(c)(3), or 501(c)(5) organization.
_____	_____	The individual will be/is employed by a for-profit employer that devotes fifty percent or more of its hours to legal services provided on a pro bono, low fee, or court-awarded fee basis.
_____	_____	The individual will be/is employed by a government agency.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

How does your organization/agency assist underrepresented, indigent individuals or populations?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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How will this individual's work assist underrepresented, indigent individuals or populations?

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Date

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Signature of Authorized Official

Please remember to initial and date the first page of this Certification.

If you have any questions, please call Misty Skolnick in the G.W. Law School Career Development Office, at (202)994-7340.