

**SECTION 1 - APPLICANT INFORMATION** 

NAME

## The George Washington University Law School Office of Admissions & Financial Aid

700 20<sup>th</sup> Street, NW Washington, DC 20052 202-994-3437 (o) Irap@law.gwu.edu

## LOAN REPAYMENT ASSISTANCE PROGRAM (LRAP) 2023-2024 PROGRAM APPLICATION

ADDRESS				
CITY	STATE	ZIP CODE		
PHONE	Current, Active E-mail	Address:		
Graduation Date from GW Law:		GWID		
SECTION 2 - EMPLOYER INFO	DRMATION			
EMPLOYER NAME				
ADDRESS				
CITY	STATE	ZIP CODE		
PHONE	!	STARTING DATE		
POSITION TITLE		SUPERVISOR NAME		
SUPERVISOR		SUPERVISOR		
PHONE		E-Mail Address		
Is this full-time employment? (gr	<u>-</u>	=	☐ Yes	☐ No
Is this employer a non-profit, IRS	501(c)(3) or 501(c)(4) or	organization?	☐ Yes	☐ No
Is this employer a government (fe	ederal, state, or local) o	rganization?	☐ Yes	□ No
If government employment, pleas	se clarify the following:		<b>—</b>	<b></b>
<ul> <li>Executive Branch</li> </ul>			☐ Yes	∐ No
<ul> <li>Legislative Branch – Com</li> </ul>		nizations, Offices	☐ Yes	☐ No
<ul> <li>Legislative – Personal Of</li> </ul>	•		☐ Yes	☐ No
<ul> <li>Law Clerk to Federal, Sta</li> </ul>	te, or Local Judges		☐ Yes	☐ No
Will any part of this position invo	lve actively working on	a political campaign?	☐ Yes	☐ No
Is this a Public Interest Fellowship	that lasts at least 12 m	onths?	☐ Yes	☐ No
Is this employer a Legal Aid or Pu	blic Defender organiza	tion, regardless of funding	Yes	☐ No
source or organizational structure				
Briefly describe your primary wor	•		D degree, ex	plain
why the position is law-related (p	provide attachment if ne	ecessary).		

SECTION3 – STUDENT F GROSS INCOME per pay pe	riod (before taking out any deductions):	
	☐ Annually ☐ Monthly ☐ Semi-Monthly (twice per	r month)
	Bi-Weekly (every other week)   Weekly	
Student Loan Payments		
	nount you are paying toward Law School	
loans; <u>do not</u> includ loan amounts	de undergraduate or other graduate school	Day Mayth.
	dent Loans for Law School	Per Month:
	asolidation Loans which include Law School	
	cation Loans for Law School	
	My Aid Data" from <u>https://studentaid.gov</u> for all Fe	deral loans. For any Private
	om your lender a current cumulative payment histor	
your last payment.		
Are you receiving similar LF	RAP funding from another source?	Yes 🔲 No
	ate the source of funding and amount of assistance:	
BOX 4 – LOAN REPAY	MENT CONTACT INFORMATION	
	MENT CONTACT INFORMATION stact information for two individuals who will alway	ys know how to contact you:
		ys know how to contact you:
Provide the names and con	ntact information for two individuals who will alway	ys know how to contact you:
Provide the names and con Name:	ntact information for two individuals who will alway  Name:	ys know how to contact you:
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Provide the names and con Name: Address: City:	ntact information for two individuals who will alway    Name:     Address:     City:	ys know how to contact you:
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Provide the names and con Name: Address: City: State: Zip:	Name:  Address:  City:  State:  Zip:	ys know how to contact you:
Provide the names and con Name: Address: City: State: Zip: Phone:	Name:  Address:  City:  State:  Zip:  Phone:	ys know how to contact you:
Provide the names and con Name: Address: City: State: Zip: Phone: Email:	Name:  Address:  City:  State:  Zip:  Phone:  Email:	ys know how to contact you.
Provide the names and con Name: Address: City: State: Zip: Phone: Email:  BOX 5 - APPLICANT CEF	Name:  Address:  City: State: Zip: Phone: Email:	
Provide the names and con Name: Address: City: State: Zip: Phone: Email:  BOX 5 - APPLICANT CER I certify that, to the best of	Name:  Address:  City:  State:  Zip:  Phone:  Email:  RTIFICATION  my knowledge, the information I have provided in	this application and the
Provide the names and con Name: Address: City: State: Zip: Phone: Email:  BOX 5 - APPLICANT CER I certify that, to the best of associated attachments is t	Name:  Address:  City:  State:  Zip:  Phone:  Email:  RTIFICATION  my knowledge, the information I have provided in true, accurate, and complete. I understand that provides	this application and the oviding inaccurate or
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Provide the names and con Name: Address: City: State: Zip: Phone: Email:  BOX 5 - APPLICANT CENT I certify that, to the best of associated attachments is to misleading information coulif any of the information in loans, change in employments.	Name:  Address:  City:  State:  Zip:  Phone:  Email:  RTIFICATION  my knowledge, the information I have provided in true, accurate, and complete. I understand that provided result in denial of my application for an LRAP leading the information of the complete in this application becomes inaccurate becausent, material change in income, etc.), I will contact the content in the con	this application and the oviding inaccurate or oan. I also understand that ause of a change (deferral of the GW Law School
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