



The George Washington University Law School
 Office of Financial Aid
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**LOAN REPAYMENT ASSISTANCE PROGRAM
 (LRAP) 2022-2023 Employer Certification**

SECTION 1 - APPLICANT INFORMATION – To be completed by GW Alum/LRAP Applicant

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE	Current, Active E-mail Address:	
Graduation Date from GW Law:	GWID	

SECTION 2 - EMPLOYER INFORMATION – To be completed by Authorized Employing Official

ORGANIZATION/AGENCY NAME		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE	WEB SITE ADDRESS	
EMPLOYEE HIRE DATE (mm/dd/yyyy)	GROSS ANNUAL SALARY	
Is this full-time employment? (greater than 35 hours per week, average)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require that a person in this position be a law school graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this employer a non-profit, IRS 501(c)(3) or 501(c)(4) organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this employer a government (federal, state, or local) organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If government employment, please clarify the following regarding the applicant's position:		
• Executive Branch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Legislative Branch – Committees, Support Organizations, Offices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Legislative – Personal Office of a Legislator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Law Clerk to Federal State, or Local Judges	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any part of this position involve actively working on a political campaign?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this a Public Interest Fellowship that lasts at least 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this employer a Legal Aid or Public Defender organization, regardless of funding source or organizational structure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Briefly describe the employee's primary work responsibilities (or attach a standard job description for this position).

AUTHORIZING OFFICIAL COMPLETING FORM:

Printed Name:	Title:
<i>Signature</i>	<i>Date</i>