The George Washington University Law School
Office of Admissions & Financial Aid
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GW | LAW

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LOAN REPAYMENT ASSISTANCE PROGRAM (LRAP)
2024-2025 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)	☐ Yes	☐ No
Do you require that a person in this position be a law school graduate?	☐ Yes	☐ No
Is this employer a non-profit, IRS 501(c)(3) or 501(c)(4) organization?	☐ Yes	☐ No
Is this employer a government (federal, state, or local) organization?	☐ Yes	☐ No
If government employment, please clarify the following regarding the applicant's position:		
• **Executive Branch**	☐ Yes	☐ No
• **Legislative Branch – Committees, Support Organizations, Offices**	☐ Yes	☐ No
• **Legislative – Personal Office of a Legislator**	☐ Yes	☐ No
• **Law Clerk to Federal State, or Local Judges**	☐ Yes	☐ No
Will any part of this position involve actively working on a political campaign?	☐ Yes	☐ No
Is this a Public Interest Fellowship that lasts at least 12 months?	☐ Yes	☐ No
Is this employer a Legal Aid or Public Defender organization, regardless of funding source or organizational structure?	☐ Yes	☐ 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:**
Signature	*Date*