

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

700 20<sup>th</sup> Street, NW Washington, DC 20052 202-994-6592 Irap@law.gwu.edu

## LOAN REPAYMENT ASSISTANCE PROGRAM (LRAP) 2018-2019 Employer Certification

SECTION 1 - APPLICANT INF	ORMATION – To be	completed by GV	V Alum/LRAP Appli	cant
NAME				
ADDRESS				
CITY	STATE	ZIP COD	E	
PHONE	NE Current, Active E-mail Address:			
<b>Graduation Date from GW Law:</b>	mm/yyyy	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 LegalAid or Public Defender organization, regardless of		Yes	No		
funding source or organizational structure?					

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			
	mm/dd/yyyy			