George Washington Law School
Loan Repayment Assistance Program

Employer Certification

Employee: ____________________________ Title: ____________________________

Organization/Agency: ______________________________________________________

Address: ___________________________________________________________________

Telephone: _________________________________________________________________

Authorized official completing form: _____________________________________________

Title: _________________________________________________________________________

Employment start date: _________________________ Gross annual salary: ______________

Anticipated change in salary between July, 2017 and June, 2018: ______________________

Any additional benefits provided to employee, and value of these benefits: ______________

________  ______  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?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

__________________        ______________________________________________
Date                Signature of Authorized Official

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

If you have any questions, please call or email Tamara Dévieux-Adams in The GW Law School Career Center at (202) 994-7340 or tdadams@law.gwu.edu.