

**District of Columbia Bar Foundation
District of Columbia Poverty Lawyer Loan Repayment Assistance Program**

APPLICATION FOR ASSISTANCE (2010)

Please read the Program Guidelines before completing this application!

Submit by 5:00 p.m. November 3, 2009

Application packages must include:

- _____ **Application for Assistance Form**
- _____ **Signed Applicant Certification**
- _____ **School Loan Information Form**
- _____ **Loan Statements¹/Lender(s) Verification Forms*****
- _____ **Employer Certification Form**
- _____ **2008 Federal and State Income Tax Forms²**
- _____ **Current Resume**
- _____ **Signed Privacy Notice**

*****Lender verification forms MUST be submitted to DCBF before receipt of award, but do not have to be included in the application package.**

This application package may be mailed or delivered, but must be received **no later than 5:00 p.m. November 3, 2009** at the DC Bar Foundation, LRAP, 2000 P Street NW, Suite 530, Washington, DC 20036. *Please type or write legibly!*

Name: _____

Home Address: _____

Home Tel: _____

Work/Cell: _____

SSN: _____

Email³: _____

Law School: _____

Graduation Date: _____

Would you like to receive semi-annual updates from the DC Bar Foundation? Yes No

¹ A recent loan statement from each Lender is sufficient for purposes of this application. The Lender Verification Forms must be completed and returned by each Lender before a candidate may participate in the Program.

² If you did not receive any income in 2008 and thus did not file a tax return, please submit documentation from the Internal Revenue Service verifying your status.

³ Provide the e-mail address at which you would prefer to receive correspondence.

I. Bar Admission Status

- A. Please provide the state(s) and date(s) of law license(s):
- B. If you are not currently a member of the District of Columbia Bar, please describe your status (e.g., date of exam, Rule 49 status, etc.)
- C. If you are not currently licensed in any state, please explain (use separate sheet if necessary):

II. Residency and Income

- A. Do you reside in the District of Columbia? Yes: _____ No: _____

(NOTE: Some, but not all, of the LRAP funds require recipients to be DC residents for the full 12 months of the loan. See the Program Guidelines for more detail. If you are a DC resident but do not wish to be considered for the residency limited program, please let us know.)

- B. What is your AGI for 2008? _____ (2008 Tax Returns Reference)

III. Employment Information

Employer: _____

Employer's Address: _____

Job Title: _____

Salary: _____

Is this position full-time [] or part-time []?

If part-time, how many hours per week? _____

Is a law school degree required for your position? Yes _____ No _____

Employers must be on the DCBF eligible employer list. If your employer is not on the list, the employer must request inclusion in writing by October 15, 2009. The request must be made by the head of the organization or the legal program, and must be on the organization's letter-head. Requests by e-mail or telephone will not be considered. See the Program Guidelines. If you are not currently employed by a qualifying employer, please complete the above information for your prospective qualifying employer. An applicant who submits an application based on his or her present plan to secure eligible employment may be approved for loan repayment assistance if the applicant demonstrates that he or she will hold eligible employment within ninety (90) days after the application is approved and the loan is awarded.

IV. Other Loan Forgiveness Programs and Scholarship Service Obligations

A-E. We need to know that you have explored all loan repayment options available to you, and that you have applied for all programs for which you are eligible. **It is your individual obligation to confirm whether your school(s) or employer have loan repayment programs, and to confirm your eligibility for any other loan repayment programs.** Please check all that apply below.

	I applied to program (please separately describe status of your application)	I did not apply to program (please separately explain why you did not apply)	No loan repayment program	Not applicable
A. Law school				
B. Other schools				
C. Employer				
D. Fellowship or other program				
E. Income-Based Repayment or CCRA				

If you answered yes to any of questions IV.A – IV.E, please provide the name of the program, status of your application, and the amount of assistance you are or anticipate receiving. If you are eligible for a program, but have not applied or are not receiving assistance, you must explain on a separate sheet. NOTE: It is your obligation to confirm whether your school(s), employer, or other organization has an LRAP.

F. Did you receive any scholarships, fellowships, grants, awards or other educational funding for which you are currently or will in the future be required to satisfy a service obligation?

Yes _____ No _____

If you answered yes to question IV.F, please provide additional information on a separate sheet regarding the award/fellowship and the terms of the service obligation, if any.

V. Other Circumstances

Please tell us any other circumstances that should fairly be considered in reviewing your application, including additional information regarding your personal circumstances or financial need. Attach a separate sheet.

Applicant Certification

I am submitting this information in application for assistance through the DC Bar Foundation District of Columbia Poverty Lawyer Loan Repayment Assistance Program.

I certify that the loans listed on the LRAP School Loan Information Form are in good standing, and that the amount of my law school debt is separately noted.

I agree to promptly notify the DC Bar Foundation in writing of any changes to my income, residency, or employment.

I understand that failure to provide all requested information in compliance with program guidelines and deadlines may result in my ineligibility to receive benefits under this program.

I certify that I have read the Guidelines for the DC Bar Foundation Poverty Lawyer Loan Repayment Assistance Program and for the DC Poverty Lawyer Loan Assistance Repayment Act of 2006, and understand that any assistance that I receive is subject to and governed by these Guidelines. I understand that these Guidelines may be modified in the future.

I certify that the information in this form and the attachments is true and complete to the best of my knowledge.

Signature _____ Date _____

District of Columbia Bar Foundation

**District of Columbia Poverty Lawyer Loan Repayment
Assistance Program**

Privacy Notice and Practices

-- We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates, or others; and
- Information we receive from your employer and your lenders

-- We do not disclose any nonpublic personal information about LRAP applicants, program participants or former program participants to anyone, except as permitted by law.

-- We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you.

-- We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

I certify that I have read the foregoing Privacy Notice for the DC Bar Foundation Poverty Lawyer Loan Repayment Assistance Program and for the DC Poverty Lawyer Loan Assistance Repayment Act of 2006.

Signature _____ Date _____

District of Columbia Bar Foundation
District of Columbia Poverty Lawyer Loan Repayment Assistance Program
EMPLOYER CERTIFICATION FORM

PART A: To be completed by the Applicant

Applicant Name: _____

I hereby authorize my employer, _____, to provide the District of Columbia Bar Foundation with the information requested in Part B, in support of my application for assistance from the District of Columbia Poverty Lawyer Loan Repayment Assistance Program.

Applicant's Signature

Date

PART B: To be completed by the Employer.

Please provide the following information concerning the employment status of the individual identified above.

Employer: _____

Employer Address: _____

Employer contact: _____

Is your organization on the DCBF eligible employer list¹ or a non-profit organization eligible for funding by the DC Bar Foundation? Yes: No:

Note: If your organization is not on the list or has not received funding from the DC Bar Foundation in the past or if you have any questions regarding whether your organization is eligible for such funding, please refer to Section 5(a) of the LRAP guidelines² regarding the process you need to follow. Eligible employer applications must be received by **October 15th, 2009** for the applicant to be eligible for FY10 LRAP.

Information about Applicant:

Date of Hire: _____ Job Title: _____

Annual Gross Salary: _____ # of Hours/Week: _____

Is a law school degree required for this position? Yes: No:

Authorized Signature

Date

Print Name

¹ Check DCBF website at www.dcbfound.org for the eligible employer list.
² Check our website for the LRAP guidelines.

**District of Columbia Bar Foundation
District of Columbia Poverty Lawyer Loan Repayment Program**

**LENDER VERIFICATION FORM
FOR EDUCATIONAL LOANS**

PART A: To be completed by the Applicant

Applicant Name: _____ SSN: _____

I hereby authorize my lender, _____, to provide the District of Columbia Bar Foundation with the information requested in Part B regarding my educational debt, in support of my application for assistance from the District of Columbia Poverty Lawyer Loan Repayment Assistance Program. The LRAP program is intended to provide loan repayment assistance for eligible educational debt.

Applicant Signature

Date

NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THAT THE LENDER SUBMITS THE VERIFICATION FORM BY THE APPLICABLE DEADLINE.

PART B: To be completed by the Lender

Please provide the following information concerning **all outstanding educational loans** owed by the individual identified above.

Loan Type: _____

Required Monthly Payment (when loan is in repayment): _____

Original Amount Borrowed: _____ Purpose : _____

Total amount currently due (including principal and interest): _____

First Payment Due: _____, 20__.

Current Loan Status (Check all that apply):

Repayment _____
Grace _____
Deferment _____
Forbearance _____
Past Due _____
Default _____

If in grace, deferral, or forbearance, indicated ending date: _____, 20__

Estimated Monthly Payment: _____

Lender Name: _____

Lender
Address: _____

Telephone: _____

Authorized Signature

Date

If you have any questions, please contact the Director of Programs, DC Bar Foundation,
at (202) 467-3750.

**Return completed form to: DCBF, 2000 P Street, NW, Ste. 530, Washington, DC,
20036 or via fax-202-467-3753**

**DC Bar Foundation District of Columbia Poverty Lawyer Loan Repayment Assistance Program
School Loan Information Form**

Applicant Name _____
 School/ Degree _____ Dates Attended _____
 Original Law School Debt _____

Lender	Address	Type of Loan (Federal, Private etc.)	Original Amount Borrowed	Purpose**	Amount Owed as of Today	Payments Frequency: Monthly/ Quarterly	Monthly/ Quarterly Payment Amount	Other Loan Assistance if Any
TOTAL								

Notes _____

** If you have consolidated loans, please identify each of the loans now consolidated, providing for each the original amount borrowed and the purpose (law school, other graduate, undergraduate, etc) Please note that LRAP awards apply only to eligible debt from loans obtained for reasonable educational expenses.