

## Loan Repayment Assistance Program

# Application for Initial Program Participation

Dickinson Law implemented its Loan Repayment Assistance Program (LRAP) in the spring of 2003, with the goal of encouraging careers in public interest law by assisting law graduates with their educational loan repayment obligations. "Public interest" employment is defined as: work for a not-for-profit organization that qualifies for tax exemption under IRS Code §§ 501(c)(3), (4), or (5); and is work that provides legal assistance to under-served people or interests. The LRAP Committee determines an annual income guideline amount to provide applicants with a figure to be considered when applying for the program. Applicants earning more than the annual income guideline may be deemed ineligible by the LRAP Committee. For 2024, the income guideline is \$62,300.

The deadline to postmark a complete application is May 15, 2024.

| Applicant's Biographical Information  | on                |                         |                             |
|---|-------------------|-------------------------|-----------------------------|
| Name:   | F                 | PSU ID#:                |                             |
| Address:  |                   |                         |                             |
| Street  | City              | State                   | Zip Code                    |
| Primary Phone:  | Work              | Phone:                  |                             |
| Email:  |                   | Fax:                    |                             |
| Dickinson Law Graduation Date:  |                   |                         |                             |
| *Graduates with an outstanding Student Account balance ow<br>until such debt has been paid in full. | wed to Penn State | University are not elig | ible for LRAP consideration |
| Applicant's Employment Information  | on                |                         |                             |
| A detailed job description on your organization's le must accompany this application.               | tterhead and a    | completed Employ        | er Certification Form       |
| Employer:   |                   |                         |                             |
| Position Title:   |                   |                         | 1                           |
| Date of Employment:   | <del> </del>      |                         |                             |
|   |                   |                         |                             |
| Family Information  |                   |                         |                             |
| Marital Status  |                   |                         |                             |
| As of the time of this application, I certify I am  | ı: ( ) Unn        | married (               | ) Married                   |
| Married applicants should answer the following qu   | estions. Note th  | nat married applica     | nts will be required to     |

Married applicants should answer the following questions. Note that married applicants will be required to provide spousal income and asset information to be considered for LRAP. Changes in marital status must be reported to the LRAP Administrator within 120 days.

| Spouse's Name:  | L               | pate of Marriage: _ |             |
|---|-----------------|---------------------|-------------|
| Spouse's Employer:  |                 |                     |             |
| Spouse's Position Title:  |                 |                     |             |
| Spouse's Date of Employment:  |                 |                     |             |
| Dependent Children  |                 |                     |             |
| Please list the names and ages of your dependent  | children, if ap | plicable.           |             |
|   |                 |                     |             |
|   |                 |                     |             |
| Projected Income & Assets Summary   |                 |                     |             |
| Please provide your anticipated calendar year household holdings, as applicable. Federal tax return(s) will be colle                    |                 |                     |             |
| Income  |                 | Applicant           | Spouse      |
|   |                 | Аррисані            | Spouse      |
| Total Wages, Salaries, Tips, etc. for <i>all</i> employmer (January – December of the current year)                                     | nt              |                     |             |
| Other Taxable Income (certain types of interest, dividends, alimony, capital gains, etc.)   |                 |                     |             |
| Untaxed Income (gifts, housing stipends, child sup voluntary pre-tax contributions as found on IRS Fo Box 12, letters D, E, F, G, H, S) | •               |                     |             |
| Other Loan Repayment Assistance Programs  |                 |                     |             |
| Assets  |                 |                     |             |
| Do you own your primary residence? O No   | O Yes           |                     |             |
| Current Market Value:   | Outstar         | nding Debt:         | <del></del> |
| Do you own other real estate? O No  | O Yes           |                     |             |
| Current Market Value:   | Outstar         | nding Debt:         | <del></del> |
| Value of combined checking accounts:  |                 |                     |             |
| Value of combined savings accounts:   |                 |                     |             |
| Value of combined stocks, CDs, bonds, and other   | investments: _  |                     |             |

# Applicant's Dickinson Law Educational Loan Information

#### Part A: Federal Loans

| Please | tell us your student loan consolidation plans by choosing one of the following statements:  |
|--------|---|
| 1.     | I have consolidated my loans through the Federal Direct Loan Consolidation Program. I understand that if I selected an income-driven repayment option other than Income Based Repayment, Pay As You Earn, or Saving on A Valuable Education (SAVE), my LRAP payments will be calculated as if I am repaying my federal student loans under an IBR option.  a I have attached my Consolidation Repayment Schedule showing my repayment terms and monthly payment amount.   |
| 2.     | I have applied to consolidate my loans through the Federal Direct Loan Consolidation Program, but my application has not yet been finalized. I understand that if I select an income-driven repayment option other than Income Based Repayment, Pay As You Earn, or Saving on A Valuable Education (SAVE), my LRAP payments will be calculated as if I am repaying my federal student loans under an IBR option.  a I have attached my Consolidation Application and the written estimate I received showing my estimated repayment terms and monthly payment amount. |
| 3.     | I will not be consolidating my loans and understand that my LRAP eligibility will be determined as if I am repaying under the Income Based Repayment guidelines.  |
| Part B | : Private Loans   |
|        | borrow educational loans through a private lender (Sallie Mae, Discover, CitiBank, etc.) for your nce at Penn State's Dickinson Law?  |
|        | Yes. You must attach a current billing statement or account summary from your lender(s) showing the monthly repayment amount of each loan you wish to be considered in your LRAP application.   |
|        | No.   |

#### Part C: J.D.-Related Loan Itemization

List below each educational loan you would like to be considered for LRAP assistance. Loans will not be used to calculate your LRAP eligibility if you do not list them below *and* provide supporting documents showing your monthly payment amount, loan terms, and verifying your payments are current. If accounts have been consolidated, please itemize the individual loans making up the consolidation. List non-J.D. loans included in consolidation on the next page as appropriate. Attach an additional sheet if more space is needed.

| Loan Type | Servicer | Current<br>Balance | Monthly<br>Payment | Interest<br>Rate | Deferment or Forbearance? | Included in<br>Consolidation<br>Loan? |
|-----------|----------|--------------------|--------------------|------------------|---------------------------|---------------------------------------|
|           |          |                    |                    |                  |                           |                                       |
|           |          |                    |                    |                  |                           |                                       |
|           |          |                    |                    |                  |                           |                                       |
|           |          |                    |                    |                  |                           |                                       |
|           |          |                    |                    |                  |                           |                                       |
|           |          |                    |                    |                  |                           |                                       |

# Applicant's Non-J.D. Educational Loan Information

If you have student loan debt from schools other than Penn State's Dickinson Law, please provide details below. Indicate which of these loans are included in your Consolidation Loan, if applicable. Please note this is meant to provide the Committee with a fuller picture of your total debt, and that non-J.D. loans excluded from consolidation will not be considered in the calculation of your LRAP payment eligibility.

### Part A: Non-Consolidated Undergraduate Loans

| Loan Type | Servicer | Current<br>Balance | Monthly<br>Payment | Interest<br>Rate | Deferment or Forbearance? | Included in<br>Consolidation<br>Loan (pg. 3)? |
|-----------|----------|--------------------|--------------------|------------------|---------------------------|---|
|           |          |                    |                    |                  |                           |   |
|           |          |                    |                    |                  |                           |   |
|           |          |                    |                    |                  |                           |   |
|           |          |                    |                    |                  |                           |   |
|           |          |                    |                    |                  |                           |   |
|           |          |                    |                    |                  |                           |   |

#### Part B: Other Non-Consolidated, Non-J.D. Educational Loans

| Loan Type | Servicer | Current<br>Balance | Monthly<br>Payment | Interest<br>Rate | Deferment or Forbearance? | Included in<br>Consolidation<br>Loan (pg. 3)? |
|-----------|----------|--------------------|--------------------|------------------|---------------------------|---|
|           |          |                    |                    |                  |                           |   |
|           |          |                    |                    |                  |                           |   |
|           |          |                    |                    |                  |                           |   |
|           |          |                    |                    |                  |                           |   |
|           |          |                    |                    |                  |                           |   |
|           |          |                    |                    |                  |                           |   |

# **Applicant's Employer Certification Form**

If you will be employed by more than one employer during the next 12 months, a separate Employer Certification Form is required for each employer.

| Part A: To be completed by th   | e applicant.  |  |
|---|---|--|
| Name:   | PSU ID#:  |  |
| Committee at Penn State's Dicki   | t B to the Loan Repayment Assistance F<br>nson Law. I authorize the LRAP Adminis<br>n questions about my employment inforr  | strator at Dickinson Law to  |
| Signature:  | Date:   |  |
| Part B: To be completed by th   | e employer.   |  |
| Assistance Program (LRAP). The applicant's employment status, s to the applicant. LRAP applicatio information in a timely manner to | applied to the Penn State Dickinson La<br>e program application requires certificati<br>alary, and job description. Please comp<br>ns must be submitted in entirety by May<br>ensure your employee receives full cor<br>e Loan Repayment Assistance Program | on by the employer of the lete this form and return it 15. Please provide this nsideration for this benefit. |
| Current position title:   | Employn   | nent began:  |
| Current gross annual salary:  | Most recent salary in   | ncrease date:  |
| Next projected salary increase da   | ate and amount, if known:   |  |
| Value of employer-provided bene   | efits (i.e. housing, food, bonuses):  |  |
|   | istance to this employee? No  |  |
| Do you have 501(c)(3), (4), or (5)  | ) not-for-profit status with the IRS?   | No Yes,  |
| I hereby certify the information knowledge.   | n provided on this form is true and co  | emplete to the best of my  |
| Authorized Signature  | Printed Name & Title  | Date   |
| Name of Employer  | Phone N   | lumber   |

City

Street

Zip Code

State

#### **Applicant Certification Form**

My complete application includes:

- I (we) hereby certify that all the information contained in this application is true and complete to the best of my (our) knowledge.
- 2. I (we) agree to provide proof of the information presented in this application as outlined herein, or at the request of the LRAP Administrator or Committee.
- 3. I (we) agree to notify the LRAP Committee in writing within thirty days if I (we) receive a deferment or forbearance on student loans from my (our) lender(s) and/or if my (our) loan payments are reduced after LRAP benefits are calculated.
- 4. I (we) agree to notify the LRAP Committee in writing within one hundred and twenty (120) days of any change in income, employment, or marital status or if I (we) file for bankruptcy.
- 5. I (we) understand to continue participating in LRAP, I (we) must submit recertification annually by July 1 with the LRAP Administrator. I understand recertification requires I provide a copy of my (our) most recent federal tax return(s) or Tax Return Transcript(s) from the IRS. I understand it is my (our) responsibility to contact the LRAP Administrator if I (we) do not receive annual recertification materials by mid-May.
- 6. I (we) certify that all LRAP funds received will be used for the express purpose of repaying student loan debt.
- 7. I, the applicant, certify that I have reported all sources of educational loan repayment assistance I currently receive. I understand it is my duty to report receipt of new loan repayment assistance program funding to the LRAP Administrator within sixty days of receipt.
- 8. I (we) certify that I (we) am (are) not delinquent or in default on any student loan and understand that eligibility for LRAP depends upon the continuous satisfactory repayment status of my (our) student loans. I (we) certify that I (we) will provide proof of satisfactory loan repayment status from my (our) educational lenders annually with recertification.
- I understand if I owe an outstanding balance on my student account at Penn State University, I am not eligible for LRAP consideration until such debt is paid in full.
- 10. I (we) certify that this application is complete, as evidenced by the checklist below. I (we) understand that an incomplete application will not be acted upon by the LRAP Administrator and could result in the forfeiture of award eligibility.

# Loan Repayment Assistance Program: Application for Initial Program Participation Copy of loan repayment schedules and/or documentation of loan consolidation for federal and private loans Employer Certification Form(s) Detailed job description on employer's letterhead Federal 1040, 1040-A, 1040-EZ, 1040-X, or Tax Return Transcript for prior year Current resume Names and contact information for 3 professional references Personal statement illustrating your commitment to a career in public interest work If married, my application also includes:

| Applio | ant's S | ignat | ure  | Date |
|--------|---------|-------|--|------|
|        |         |       |  |      |
|        | (       | )     | Spouse's Educational Debt Information Form, Addendum |      |
|        | (       | )     | Spouse's Employer Certification Form(s), Addendum    |      |

Spouse's Signature Date

Disclosure of spousal income and assets on LRAP Application

Mail your completed application to:

Office of Financial Aid Attn: LRAP Administrator Penn State's Dickinson Law 150 South College Street Carlisle, PA 17013

Fax: 717-240-5213

# Addendum: Spouse's Employer Certification Form

If you will be employed by more than one employer during the next 12 months, a separate Employer Certification Form is required for each employer.

| Part A: To be completed b   | y the applicant's spouse.  |  |  |
|---|--|--|--|
| LRAP Applicant's Name:  |  | PSU ID#:   |  |
| Spouse's Name:  |  |  |  |
| Committee at Penn State's D contact my employer directly  | Part B to the Loan Repayment<br>Dickinson Law. I authorize the L<br>with questions about my empl   | RAP Administrator at Dio<br>oyment information.  | ministrator and<br>ckinson Law to          |
| Part B: To be completed b   | y the employer.  |  |  |
| Repayment Assistance Prog<br>spouse's employer of employ<br>employee. LRAP applications<br>information in a timely manner | named above has applied to the ram (LRAP). The program applyment status and salary. Pleases must be submitted in entirety er to ensure your employee's support of the Loan Repayment | lication requires certificat<br>e complete this form and<br>by May 15. Please provi<br>pouse receives full consi | ion by the<br>return it to your<br>de this |
| Current position title:   |  | _ Employment began:  |  |
| Current gross annual salary:  | Most re  | cent salary increase date  | e:   |
| Next projected salary increas   | se date and amount, if known: _  |  | · · · · · · · · · · · · · · · · · · ·      |
| Value of employer-provided I  | benefits (i.e. housing, food, bor  | nuses):  |  |
| Do you offer loan repayment   | assistance to this employee?   | No Yes,  | \$/year                                    |
| Do you have 501(c)(3), (4), c   | or (5) not-for-profit status with the  | ne IRS? No Ye  | es,<br>Employer EIN                        |
| I hereby certify the informa knowledge.   | ition provided on this form is   | true and complete to t   | he best of my                              |
| Authorized Signature  | Printed Name & Title   |  | Date                                       |
| Name of Employer  |  | Phone Number   |  |
| Street  | City   | State  | <br>Zip Code                               |

# Addendum: Spouse's Educational Debt Information Form

| LRAP Applicant's Name                  | e:                    | P                   | SU ID#:            |                  | _                         |
|--|-----------------------|---------------------|--------------------|------------------|---------------------------|
|  |                       |                     |                    |                  |                           |
| Loan Type                              | Servicer              | Current<br>Balance  | Monthly<br>Payment | Interest<br>Rate | Deferment or Forbearance? |
|  |                       |                     |                    |                  |                           |
|  |                       |                     |                    |                  |                           |
|  |                       |                     |                    |                  |                           |
|  |                       |                     |                    |                  |                           |
|  |                       |                     |                    |                  |                           |
|  |                       |                     |                    |                  |                           |
|  |                       |                     |                    |                  |                           |
|  |                       |                     |                    |                  |                           |
|  |                       |                     |                    |                  |                           |
| I hereby certify the inf<br>knowledge. | formation provided on | this form is true a | and complete t     | o the best o     | f my                      |
| Applicant's Signature                  |                       |                     |                    | Date             |                           |
| Spouse's Signature                     |                       |                     |                    | Date             |                           |