**THE WHITTIER LAW SCHOOL**
**LOAN REPAYMENT ASSISTANCE PROGRAM**

To make careers in public interest law financially feasible for Whittier Law School graduates, the Whittier Law School Public Interest Law Foundation (WPILF) and the Law School administration established a Loan Repayment Assistance Program (LRAP) in 2002. Whittier Law School considers LRAP to be a necessary institutional commitment supporting the work of the Center for Children’s Rights (CCR), the WPILF Summer Funding Program, the Externship Program and the Whittier curriculum emphasizing the needs of the underrepresented.

Candidates may apply for a one-time LRAP grant (two disbursements):

**Application Period:**
- Applications will be accepted from July 7, 2014 through July 31, 2014
- Application review by the LRAP Governing Board: August 1, 2014 through August 30, 2014
- LRAP Award Announcement: early September 2014
- First Disbursement Check: late September 2014
- Second Disbursement Check: late March 2015

Grant checks will be made payable to both the graduate and the law school loan lender. Continued public interest employment with the employer in the application is required and verified prior to the second disbursement.

Candidates should email their completed application to Camille Heenan cheenan@law.whittier.edu.

The Whittier LRAP Governing Board invites alumni interest in and support for this program. Financial donations can be made to:

Whittier Law School
c/o Camille Heenan
Office of Student and Alumni Relations
3333 Harbor Blvd.
Costa Mesa, CA 92626
ARE YOU QUALIFIED TO APPLY FOR
AN LRAP GRANT?
Section 1

Before you spend time compiling an application, please complete and sign the worksheet below.

- Did you graduate from Whittier Law School? _____
- Did you graduate in or after 2008? _____
- Do you have law school debt in excess of $30,000? _____
- Are all your school loans in good status or properly in either deferment or forbearance? _____
- Have you been admitted to a bar in any state? _____
- By the time of the LRAP award announcement (September 2014) will you have been employed for at least six months in the legal department of your current employer? _____
- Is your current employer one of the following? _____
  - A nonprofit agency
  - A government agency
  - A public interest law firm with a written statement supporting this mission (please attach)
- Does your employer comply with the Whittier Law School statement of nondiscrimination? _____

Neither Whittier College nor Whittier Law School discriminates on the basis of sex, national and ethnic origin, religion, sexual orientation or disability in its admission policies or in the administration of educational policies. To ensure equal employment opportunity for all students and alumni, the Law School makes its facilities available only to those employers whose practices are consistent with the above policy of nondiscrimination.

- Is your gross income from legal employment under $50,000? _____

If you answered *yes* to all of the above questions, please proceed with the LRAP application.
If you answered *no* to one or more of the above questions and believe that your circumstances are compelling enough to warrant committee consideration, please complete this application and attach an addendum detailing your situation.

__________________________________________________________
Signature of Applicant

__________________________________________________________
Date
APPLICATION
A. PERSONAL INFORMATION
(Please type or complete in black ink.)

Last Name ____________________________ First Name ____________________________ Middle Name or Initial ____________________________

Mailing Address
________________________________________________________________________

Home Phone ____________________________ Work Phone ____________________________ Work E-mail ____________________________

Social Security # ____________________________

Persons in Your Household

In the following chart, please include all persons (spouse, children, all relatives, all non-related people including boarders, roommates, other) who reside in your household and note their approximate income.

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Relationship to Applicant</th>
<th>Approximate Income</th>
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Do you have dependents who do not live in your household? If so, give names and ages.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
B: EMPLOYMENT/INCOME INFORMATION
(Please type or print clearly in ink.)

____________________________________________________
Employer

____________________________________________________
Street Address

____________________________________________________
City, State, Zip Code

____________________________________________________
Supervisor’s Name, Title

____________________________________________________
Supervisor’s Telephone #, E-mail

What was your employment starting date? __________________________
What is your job title? __________________________________________

2014 Income Projection

(A) What is your earnings projection for the 2014 tax year? (Please include wages, salary, commissions)

Total A: __________________________

(B) What other taxable income such as benefits from child support, IRA withdrawals, investment income, workers compensation, SSI benefits do you anticipate? (Please list benefit and approximate amount below.)

______________________________
______________________________

______________________________
______________________________

Total B: _______________________

TOTAL INCOME PROJECTION (A plus B above): _______________________

Prior to grant confirmation, applicants selected for a 2014 LRAP grant will be required to submit a copy of their completed 2013 Federal Tax Return to support application information.
Employment Benefits

Does your employer pay for any of the following in full (F), part (P) or not at all (N)?

a. State Bar Dues _____
b. MCLE Units _____
c. Health Benefits _____
d. Dental Benefits _____
e. Retirement _____
f. Car Allowance _____
g. Professional Liability Insurance _____

C: EDUCATIONAL LOAN DEBT FROM WHITTIER LAW SCHOOL

### FEDERAL STAFFORD LOANS

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Lender</th>
<th>Loan Account #</th>
<th>Original Principal</th>
<th>Remaining Principal</th>
<th>Monthly Payment</th>
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### UNSUBSIDIZED STAFFORD LOANS

<table>
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<tr>
<th>Academic Year</th>
<th>Lender</th>
<th>Loan Account #</th>
<th>Original Principal</th>
<th>Remaining Principal</th>
<th>Monthly Payment</th>
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### PRIVATE/OTHER LOANS

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<th>Academic Year</th>
<th>Lender</th>
<th>Loan Account #</th>
<th>Original Principal</th>
<th>Remaining Principal</th>
<th>Monthly Payment</th>
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Have you consolidated your law school loans? YES NO
If yes, for what period of time? ________ years

D: ASSET INFORMATION

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<thead>
<tr>
<th>Asset</th>
<th>Current Value</th>
<th>Amount Owed</th>
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<tbody>
<tr>
<td>Cash and Savings</td>
<td>N/A</td>
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<tr>
<td>Stock, Bonds, Investment</td>
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<tr>
<td>Real Estate</td>
<td></td>
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<tr>
<td>Vehicle(s)</td>
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<tr>
<td>Other</td>
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Please attach additional page if necessary.

E: ONE PAGE ESSAY/RESUME

Please describe your current position, the type of public service employment in which you are engaged and your commitment to this field of work. This essay must be typed and be no more than one page in length single spaced, 12 point font. Please attach your resume to the completed application.
F: SPECIAL CIRCUMSTANCES

In the space below, briefly explain any special, extenuating circumstances that affect your economic situation and have not been addressed in the application.

G: CERTIFICATION

I hereby certify that all of the information contained in this application is true and accurate to the best of my knowledge.

- I agree to provide supporting documentation if and when requested by the Governing Board of the Loan Repayment Assistance Program. This documentation will include my most recent and complete Federal Income Tax Return, a verification of income from my employer and a lender verification form.
- I agree to make timely loan payments or to keep my status properly in deferment or forbearance. Default on my education loans covered under LRAP may result in termination from the program.
- I understand that the Governing Board will verify my employment status prior to issuing the second grant disbursement.
- I understand that any grant award is for one year only and that I will be required to reapply for consideration yearly if qualified.

__________________________________    _______________________
Applicant's Signature                     Date