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. “Yes” answers are required for all questions.

☐ Did you graduate from Whittier Law School? _____

☐ Did you graduate in or after 1999? _____

☐ 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 (either March or September, depending on your application period), 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. A non profit agency _____
   b. A government agency _____
   c. 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 non discrimination? _____

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.

__________________________________ __________________
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 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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</thead>
<tbody>
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</table>

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? ________________________________________________

2005 Income Projection

(A) What is your earnings projection for the 2005 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 2005 LRAP grant will be required to submit a copy of their complete 2004 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 ______ e. Retirement ______
b. MCLE Units ______ f. Car Allowance ______
c. Health Benefits ______ g. Professional Liability Insurance ______
d. Dental Benefits ______
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>
</tr>
</thead>
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</table>

### UNSUBSIDIZED 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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### PRIVATE/OTHER 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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Have you consolidated your law school loans? **YES** **NO**
If yes, for what period of time? ________ years

### D: ASSET INFORMATION

<table>
<thead>
<tr>
<th>Asset</th>
<th>Current Value</th>
<th>Amount Owed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Savings</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Stock, Bonds, Investment</td>
<td></td>
<td></td>
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<tr>
<td>Real Estate</td>
<td></td>
<td></td>
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<tr>
<td>Vehicle(s)</td>
<td></td>
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<tr>
<td>Other</td>
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</tbody>
</table>
E: ONE PAGE ESSAY

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.
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

Please submit the entire application to: