USC GOULD SCHOOL OF LAW
LOAN REPAYMENT ASSISTANCE PROGRAM (LRAP)
2023-24 APPLICATION CHECKLIST

JD Graduates applying for LRAP assistance will not be admitted until they have provided:

1. A completed Loan Repayment Assistance Program Application (attached).

2. A completed Employer Certification Form (attached).

3. A signed Authorization for Release of Information form (attached).

4. A copy of the graduate's and spouse's signed federal income tax return(s) for the most recent calendar year, **including copies of all W-2s and/or 1099 documents**.

5. A current resume which briefly describes the employment which is qualifying you for LRAP. If you have provided this in a prior year and your position has not changed, it is not needed again.

6. Documentation of bar passage and admission to the relevant state bar. If submitted in a prior year this is not needed again. Recent graduates will be provided a one year grace period to provide this documentation.

7. A current listing of the applicant's educational debts (feel free to use the attached chart but a listing in another format is acceptable also.)

8. Documentation from the loan servicer of each educational debt listed by the applicant. This may be a copy of a recent billing statement, printout from the lender's website, or a letter from the lender, but it should include (at a minimum) the total amount owed, current payment plan, monthly payment amount and month/year repayment is to begin or next payment due date.

9. Any additional clarification or follow-up documents as requested by the Dean, or his or her designee.

USC Gould School of Law
Loan Repayment Assistance Program (LRAP)
2023-24 ENROLLMENT APPLICATION

I. Personal Data

ARE YOU A PRIOR LRAP RECIPIENT? ☐ YES or ☐ NO | JD GRADUATION MO./YEAR _____

FIRST NAME:_____ LAST NAME: _____

USCID NUMBER: _____ TELEPHONE: _____

STREET ADDRESS: _____

CITY, STATE ZIP CODE:_____

EMAIL ADDRESS: _____

DATE OF BIRTH:_____ MARITAL STATUS: _____

DEPENDENTS (LIST NAMES AND AGES):

☐ Check this box if not applicable

Name:	Age:	Relationship:

CONTACT INFORMATION OF PARENT OR OTHER RELATIVE WHO WILL ALWAYS KNOW YOUR CURRENT ADDRESS:

NAME: _____ RELATIONSHIP: _____

PHONE: _____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____

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II. Employment and Income Information

EMPLOYER: _____

EMPLOYER TYPE: ☐GOV'T (LOCAL, STATE, FED) ☐NONPROFIT [501(C)(3) or 501(C)(4)]

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____ EMPLOYER URL: _____

JOB TITLE/DESCRIPTION: _____

STARTING DATE: _____ ANNUAL SALARY: _____

Spousal Information (if applicable):

☐ Check this box if not applicable

SPOUSE'S NAME: _____

SPOUSE'S EMPLOYER: _____

SPOUSE'S JOB TITLE: _____ PHONE:_____

STARTING DATE: _____ ANNUAL SALARY: _____

SPOUSE'S OUTSTANDING FEDERAL STUDENT LOAN DEBT? _____

LIST ALL ADDITIONAL SOURCES OF INCOME AND AMOUNTS EXPECTED TO BE RECEIVED FROM OCTOBER 1, 2023 - SEPTEMBER 30, 2024 (12 MONTHS):

SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____

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III. Asset Information

CASH/SAVINGS OWNED BY APPLICANT (AND SPOUSE): _____

MARKET VALUE OF HOME: _____ AMOUNT STILL OWED: _____

VALUE OF OTHER ASSETS (INVESTMENTS/REAL ESTATE/STOCKS, ETC.):

ASSET	VALUE
_____	_____
_____	_____
_____	_____

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IV. Indebtedness and Expense Information

NON-EDUCATIONAL DEBT OF APPLICANT AND SPOUSE (e.g., CREDIT CARD DEBTS, CAR LOAN, MORTGAGE, ETC.):

LENDER	TOTAL DEBT	MONTHLY PAYMENT AMOUNT

INCOME/EXPENSE ISSUES WHICH MAY BE UNUSUAL OR EXTRAORDINARY (may attach separate statement):

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_____

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V. Certification

All information on this application is true and complete to the best of my (our) knowledge. If provided with LRAP assistance, I agree to abide by all LRAP rules and regulations. Specifically, I agree to use LRAP funds for the sole purpose of making payments on approved educational loans. If asked by a Law School Officer, I (we) agree to provide proof of the information I (we) have given on this application. I (we) understand that I (we) must provide a complete copy of my (our) most recent federal income tax return, as well as other information required in Part V of the Loan Repayment Assistance Program description. I (we) agree to report any increase in salary or income or changes which may alter my eligibility, to the appropriate Law School official. I (we) further understand that regardless of the policies in effect at the time my participation in the Program begins, all subsequent policy revisions will apply to me (us) as well as new participants.

_____Applicant's Signature Date: _____

_____Spouse's Signature Date: _____

USC Gould School of Law
Loan Repayment Assistance Program (LRAP)
2023-24 EMPLOYER CERTIFICATION FORM

PART A: TO BE COMPLETED BY THE APPLICANT:

NAME: _____

I authorize my employer: _____
to provide the information requested in Part B to the University of Southern California Law School.

SIGNED _____ DATE _____

TO THE APPLICANT: After completing the above section, submit this form to your employer. Your employer should then complete the section below and return this form directly to the Law School.

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PART B: TO BE COMPLETED BY THE EMPLOYER:

The above-named "applicant", a graduate of the USC Law School, has applied for a special Loan Repayment Assistance Program Award from the University of Southern California. As part of the application process, USC requires certification from the employer of the applicant's employment status.

Please complete the following information and return this form to lawfao@law.usc.edu. The applicant's Enrollment Application will not be complete without this form. Please return the completed form as soon as possible. If you have any questions, please do not hesitate to call the Law School's Director of Financial Aid at (213) 740-2523.

EMPLOYMENT START DATE: _____ # OF HOURS WORKED PER WEEK: _____

IF LESS THAN 40 HOURS PER WEEK, PLEASE INIDCATE IF EMPLOYMENT IS FULL-TIME OR PART-TIME:

JOB TITLE: _____

BRIEF JOB DESCRIPTION-use space below or attach additional page:

_____

_____

SALARY/ANNUAL GROSS EXPECTED DURING PERIOD OF OCT 2023-SEP 2024: _____

OTHER COMPENSATION EXPECTED FOR SAME PERIOD (i.e., housing, loan forgiveness, etc.):

COMPENSATION AMOUNT (please indicate monthly/annually) COMPENSATION PURPOSE

_____ _____

_____ _____

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AUTHORIZED SIGNATURE _____

PRINTED NAME AND TITLE _____

_____ _____ _____

DATE PHONE NUMBER EMAIL ADDRESS

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

IRS 501(C)(3) STATUS? ☐ YES or ☐ NO

Local, State, County, Federal Government Employer? ☐ YES or ☐ NO

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Financial Aid Office of the University of Southern California Law School to obtain any information relating to the repayment of my educational loans from any lender or loan servicing agency who may be in possession of such information. This information may include, but is not limited to, my current status in the repayment of my loans, my payment history, and my outstanding balance and interest rate.

I understand that the information released to the Financial Aid Office of the University of Southern California Law School is for purposes of determining eligibility for the Law School's Loan Repayment Assistance Program.

Full Name:	
Signature:	
Date Signed:	

	DIRECT UNSUB LOAN(S) – SUB & UNSUB	DIRECT GRADUATE PLUS LOAN(S)	DIRECT FEDERAL CONSOLIDATION LOAN(S)	PERKINS LOAN(S)	OTHER STUDENT LOAN(S) (Fed./Private) including undergraduate
LOAN SERVICER					
ORIGINAL LOAN AMOUNT BORROWED					
CURRENT OUTSTANDING BALANCE					
INTEREST RATE					
MONTH/YEAR REPAYMENT BEGINS/BEGAN					
REPAYMENT PLAN (i.e., IBR, PAYE, etc)					
MONTHLY PAYMENT AMOUNT					