

**TEXAS STUDENT LOAN REPAYMENT ASSISTANCE PROGRAM APPLICATION  
2010-2011 Award Year**

Please Print.

**A. Applicant Data**

Applicant Name: \_\_\_\_\_

Texas State Bar #: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Dependents' Names, Ages: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

City/Zip code: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Name of Law School  
Attended: \_\_\_\_\_

Law School Graduation Date: \_\_\_\_\_

Texas License Date: (    ) \_\_\_\_\_

Other State License Dates: (    ) \_\_\_\_\_

**B. Applicant Employment Data**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Do you work at this location? \_\_\_yes \_\_\_no

If not, address of your office: \_\_\_\_\_

City/ Zip code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Position/Job Title: \_\_\_\_\_

Starting Date of Employment: \_\_\_\_\_

Current Annual Gross Income: \_\_\_\_\_

Does your job require a Juris Doctorate (J.D.) degree?: \_\_\_\_\_

**Please attach your current résumé.**

**C. Certification of Income**

2009 Yearly Income

Applicant Information:

Total wages, salary, commissions, child support received, alimony, rental income, capital gains, etc. Please itemize.

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse/Domestic Partner Information:

Total wages, salary, commissions, child support received, alimony, rental income, capital gains, etc. Please itemize.

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Annual Household Income: \$ \_\_\_\_\_**

**Please attach a copy of your COMPLETED 2009 tax return, including all schedules and attachments.**

**D. Certification of School Debt**

**APPLICANT EDUCATIONAL DEBT\***

TYPE OF LOAN	NAME OF LENDER	LOAN TAKEN DURING UNDERGRAD., LAW SCHOOL, OR WHILE OBTAINING JOINT DEGREE	TOTAL DEBT	REQUIRED MONTHLY PAYMENT	PLEASE INDICATE IF LOAN IS IN DEFAULT, DELINQUENT, AND/OR IN FORBEARANCE	PIN NUMBER AND PASSWORD TO ACCESS INFORMATION ONLINE
NDSL/Perkins						
Subsidized Stafford						
Unsubsidized Stafford						
LAL or LSL/Private Loan						
Hinson-Hazelwood Loan						
Other: (please specify)						

Other pertinent information you would like to share with the SLRAP program (information about your efforts to reduce your debt, exceptional expenses you face, etc.)

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\* Must provide all information in order for application to be considered complete.

Applicant's Name \_\_\_\_\_

Please provide the names, home addresses, email addresses and relationships of two persons, one a parent or other relative, who would always know your address (neither address should duplicate your permanent address):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Email: \_\_\_\_\_

EMPLOYER CERTIFICATION FORM

**Part A: to be completed by the applicant**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

I authorize my employer at \_\_\_\_\_ to provide the information requested in Part B as requested.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

.....  
**Part B: to be completed by the employer**

Dear Sir or Madam:

\_\_\_\_\_ has applied to the Texas Student Loan Repayment Assistance Program. Part of the application process requires certification from the employer of the applicant's employment status. Please complete the following information and return it to our office as soon as possible, but no later than **March 22, 2010**. If you have any questions, please do not hesitate to contact our office at the address and phone number below.

Annual gross salary: \_\_\_\_\_

Number of working hours per week: \_\_\_\_\_

Date of employment: \_\_\_\_\_

Applicant's title or job description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name (printed) and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Zip Code

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Email

**PLEASE NOTE: THIS FORM SHOULD BE COMPLETED AND RETURNED TO:  
Texas Access to Justice Foundation**

**P.O. 12886  
Austin, TX 78711-2886,  
(512) 320.0099, ext. 112  
Fax (512) 469-0112**

Applicant's Name \_\_\_\_\_

**LENDER CERTIFICATION FORM**

INSTRUCTIONS: Please complete Part A of this loan information request form and forward the form to the holder of *EACH* of your educational loans.

**Part A: To be completed by the applicant.**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I authorize the lender at \_\_\_\_\_ to provide the information requested in Section B as requested.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part B: To be completed by the lender.**

Dear Sir or Madam:

The individual listed above has applied for the Texas Student Loan Repayment Assistance Program which requires information regarding any loans the applicant has borrowed from you. Please complete the required information and return it to our office at the address below as soon as possible, but no later than **March 22, 2010**. Thank you for your help.

Type of Loan	Amount Borrowed	Amount Outstanding	Monthly Payment	Date First Payment Due	Last Payment Received	Interest Rate	Repayment Period

Is the applicant delinquent or in default? \_\_\_\_\_ How many days? \_\_\_\_\_  
Are the applicant's loans in deferment or forbearance? \_\_\_\_\_ Until when? \_\_\_\_\_  
Comments: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Name (printed) and Title \_\_\_\_\_

\_\_\_\_\_  
Name of Lender \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Telephone # \_\_\_\_\_ Email \_\_\_\_\_

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**(512) 320.0099, ext. 112**  
**Fax (512) 469-0112**

LAW SCHOOL CERTIFICATION FORM

**Part A: to be completed by the applicant**

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

I authorize personnel at \_\_\_\_\_ (name of law school) to provide the information in Part B as requested.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

.....  
**Part B: to be completed by law school personnel**

Dear Sir or Madam:

\_\_\_\_\_ has applied to for Texas Student Loan Repayment Assistance Program. Part of the application process requires information from the applicant's law school about loan repayment assistance that may be available. Please complete the following information and return it to our office as soon as possible, but **no later than March 22, 2010**. If you have any questions, please do not hesitate to contact our office at the above address and phone number.

Please check all boxes that apply:

- Our institution does not provide loan repayment assistance.
- \_\_\_\_\_ (name of applicant) is receiving loan repayment from \_\_\_\_\_ (name of program). (Please provide documentation verifying the amount and terms of the loan repayment assistance being provided).
- This applicant does not qualify for or has been denied loan repayment assistance from \_\_\_\_\_ (name of program).
- Our institution provides loan repayment assistance. We have no record of this applicant making application for assistance from \_\_\_\_\_ (name of program)
- Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name (printed) and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Employer    Address    City, State, Zip code    Telephone #    Email:

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**Texas Access to Justice Foundation**

**P.O. 12886**

**Austin, TX 78711-2886,**

**(512) 320.0099, ext. 112**

**Fax (512) 469-0112**

CERTIFICATION

All information I have submitted in connection with my application for the Texas SLRAP Program has been completed accurately to the best of my knowledge. By signing this form, I agree to promptly report any changes in my employment status or salary, or my spouse or domestic partner's salary, as well as the receipt of any income not anticipated on my application. I further agree that any funds I may receive from this program will be used solely for the purpose of repaying my student loans and if requested, I agree to furnish proof that the payment was applied to my student loans. I understand that failure to provide requested documentation may result in termination from this program. I agree to assist with SLRAP program fundraising as needed, including testimonials.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

*Applications and supporting documents must be received by:*

Texas Access to Justice Foundation  
P.O. 12886  
Austin, TX 78711-2886,  
(512) 320.0099, ext. 112  
Fax (512) 469-0112

*And an electronic version of the application via e-mail to [LDMELTON@TEAJF.ORG](mailto:LDMELTON@TEAJF.ORG)*

*no later than **March 22, 2010.***

*INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED.*