

Loan Repayment Assistance Program (LRAP) Criteria

Upon graduation, students who enter qualified areas of public interest employment may be eligible for LRAP to assist them with repaying their Hofstra Law loan debt. LRAP provides loan repayment assistance on a quarterly basis to qualified graduates. This program applies only to outstanding **Hofstra Law Loans**.

CRITERIA:

- You must have official state Bar Membership and be employed as an attorney by a government agency (local, state or federal) or by a non-profit employer satisfying Internal Revenue Code §501(c) (3) or (4) for at least *6 months prior* to application.
- You must be employed full-time in such a job during the entire calendar year. As in similar programs, judicial clerkships will **not** be included in this program.
- Your current Income cannot exceed \$60,000. The graduate's income is calculated on the greater of (a) his or her income or (b) half the joint income of the graduate and his or her spouse. On calculating income, we will take a deduction of \$3,500 per child for dependent care.

REQUIRED ITEMS TO APPLY FOR THE PROGRAM:

1. A completed Hofstra Law LRAP application form.
2. Employer Certification Form for the applicant, completed by the employer and indicating dates of employment, job title and annual salary.
3. A signed photocopy of the applicant's (and spouse's) most recently filed Federal income tax return form 1040, 1040A, or 1040EZ, with all accompanying schedules, and photocopies of all W-2 forms.
4. A photocopy of the Hofstra Law Loan billing statement.

Hofstra Law reassesses the program guidelines in accordance with the available resources each year. If a Student is already in the Assistance program, the student will be required to reapply each year by resubmitting an application with required forms to review eligibility. If while in the program, you make any changes that no longer fit the criteria of the program, you must contact the Financial Aid Office.

Please Note: Applications must be submitted by the 15th of the month prior to the next payment date to have the payment period included in your eligibility.

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Class of _____

SECTION I: BIOGRAPHICAL INFORMATION

SSN: _____ - _____ - _____ Hofstra ID: 70____-____-____ Home Phone: (____) _____-_____
 Name: _____ Spouse's Name: _____ Work Phone: (____) _____-_____
 Address: _____ Children's Name/Ages: _____ Cell Phone: (____) _____-_____
 _____ _____ Email: _____

SECTION II: EMPLOYMENT INFORMATION

Notes: It is anticipated that the spouse of an applicant will be employed full-time. If your spouse is not employed, employed on a part-time basis, or expects to take a leave of absence, please explain the circumstances and provide any supporting documentation. Also, if you or your spouse has more than one employer, please attach a separate sheet with the information regarding the second employer.

APPLICANT'S INFORMATION

Employer: _____
 Nature of Work: _____
 Position Title: _____
 Dates of Employment: _____
 Contact Person: _____
 Address: _____

SPOUSE'S INFORMATION

Employer: _____
 Nature of Work: _____
 Position Title: _____
 Dates of Employment: _____
 Contact Person: _____
 Address: _____

If not apparent from the previous question, please explain how your job is a public interest position: _____

INCOME FOR 2015

Total wages, salary, commissions, and fees from all employment \$ _____
 All other taxable and untaxable income, i.e. alimony, capital gains, child support, etc. \$ _____

SPOUSE'S INCOME FOR 2015

\$ _____
 \$ _____

PROJECT YOUR INCOME FOR 2016

Total wages, salary, commissions, and fees from all employment \$ _____
 All other taxable and untaxable income, i.e. alimony, capital gains, child support, etc. \$ _____

PROJECT SPOUSE'S INCOME FOR 2016

\$ _____
 \$ _____

(please list) \$ _____
 \$ _____

\$ _____
 \$ _____

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To be eligible for participation in the Hofstra Law Loan Assistance Program, applicants must have official state bar membership and be employed as a lawyer by a government agency (local, state or federal) or by a non-profit employer satisfying Internal Revenue Code §501(c)(3)&(4).

Do you expect to be employed full-time in such a job during the entire 2016 calendar year? YES NO

SECTION III: INCLUSION OF INCOME TAX & OTHER INFORMATION

1. Attach copies of yours and your spouse's **2015 tax return and W-2** or submit an affidavit of non-filing. Application will NOT be considered complete unless ALL necessary signed tax forms are submitted.
2. Hofstra University School of Law has sent you a statement of your total debt obligations and expected monthly payments within a few months of graduation. **You must provide a copy of this statement.**
3. Statement from employer confirming employment and salary.

SECTION IV: CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the Information that I have given on this application.

I realize that I must provide a statement from my employer confirming employment and salary.

I am responsible for information the Hofstra University School of Law Financial Aid office in writing, within thirty (30) days, of any change or changes in my name, address, social security number, income or employment status.

Applicant's Signature

Date

Loan Repayment Assistance Program (LRAP) EMPLOYER CERTIFICATION FORM

PART I: TO BE COMPLETED BY THE APPLICANT

Name: _____

Social Security Number: _____ - _____ - _____

I authorize my employer at _____ to provide the information requested in Part II to Hofstra Law Financial Aid Office.

Applicant's Signature

Date

PART II: TO BE COMPLETED BY THE EMPLOYER

The above mentioned employee has applied to a special Loan Repayment Assistance Program at Hofstra University School of Law. Part of the application process requires certification from the employer of the applicant's employment status. Please complete the following information. If you have any questions, please do not hesitate to contact our office at (516) 463-4619.

Date of Employment: _____

Percentage Employment: Full-time Part-time Other: _____

Annual Gross Salary: _____

Applicant's Title or job description: _____

Job Description: _____

Do you expect this applicant to be employed full-time in such a job during the entire 2015 calendar year? YES NO

Name of Employer

Address

(____) _____ - _____
Telephone Number

Authorized Signature

Name (print)

Title

Date

Please mail this form to:

**Office of Student Financial Services
126 Hofstra University
206 Memorial Hall
Hempstead, NY 11549-1260**