

**Loan Repayment Assistance Program (LRAP)****Application For Benefits Through January 2026** CLERKSHIP  PUBLIC INTEREST  GOVERNMENT

NAME \_\_\_\_\_ CLS GRADUATION DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ TELEPHONE (BUSINESS) \_\_\_\_\_ EMAIL \_\_\_\_\_

ARE YOU WILLING TO BE CONTACTED BY COLUMBIA LAW SCHOOL GRADUATES AND STUDENTS REGARDING YOUR JOB?  YES ( HOME  WORK)  NO

EMPLOYER \_\_\_\_\_ DATES OF EMPLOYMENT (FROM \_\_\_\_\_ TO \_\_\_\_\_)

JOB TITLE \_\_\_\_\_ SALARY \_\_\_\_\_ OTHER INCOME: TAXABLE \_\_\_\_\_ NON-TAXABLE \_\_\_\_\_

ARE YOU WILLING TO HAVE YOUR EMPLOYMENT AND SALARY INFORMATION SHARED WITH THE OFFICE OF PUBLIC INTEREST/PUBLIC SERVICE LAW AND CAREERS FOR THEIR ANNUAL SALARY SURVEY?  YES  NOEMPLOYMENT STATUS  FULL-TIME  PART-TIME (IF PART-TIME, PROVIDE NUMBER OF HOURS PER WEEK \_\_\_\_\_)

AREA OF SPECIALIZATION/JOB DESCRIPTION \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Do you have any relationship with a private law firm (e.g., deferred offer of employment, compensation for work in public interest/service, delayed start date, etc.)?  NO  YES: If yes, provide name of firm: \_\_\_\_\_Do you have any minor dependents (under the age of 18 years)?  YES Number of dependents \_\_\_\_\_  NO

SPOUSAL SALARY \_\_\_\_\_ NON-TAXABLE INCOME \_\_\_\_\_ OTHER TAXABLE INCOME \_\_\_\_\_

If your spouse's income is higher than your income and you are applying for LRAP loan assistance, please submit documentation of spouse's current monthly repayment obligations for student loans that are issued in the spouse's name by the lender(s).

**If you and your spouse file separate tax returns, please include a copy of your spouse's federal income tax return with all schedules and W-2 forms.**

Participation in the Program is contingent upon maintaining "current" status on all educational debts. Default status will automatically terminate participation in the Program; delinquent status will suspend participation in the Program until delinquency is resolved. LRAP assistance will not be calculated retroactively.

To remain in the Program, you must submit a new application each year, by the due date, even if you are no longer eligible to receive LRAP loan assistance. Graduates in LRAP eligible employment will continue receiving forgiveness of their existing LRAP loans, only if they submit and complete the renewal application annually. It is your responsibility to maintain contact with the Financial Aid Office and to inform the Office of any changes in your employment, salary, address, or eligibility.

**To Apply for LRAP Loan Forgiveness Only (In qualifying employment, but no longer eligible for LRAP loan assistance)**

- Complete this page of the application, sign page 2, and submit a current paystub or letter from your employer verifying your position. Loan documentation and tax returns are not necessary.
- Complete the Employment Verification Form (To be completed by the LRAP participant and the employer)  
Please note: If you do not submit the completed Employment Verification Form by the required deadline, you will be issued a tax form 1099-Misc in January 2025 for all amounts forgiven in 2024.

**To Apply for LRAP Loan Assistance**

- **1st Time Applicants:** Apply at least one month before qualifying employment begins. (Note for 2024 Graduates: Submit documentation of your monthly repayment obligations as they become available. LRAP assistance will begin when your loan(s) become due.)
- **Continuing Applicants:** Apply by November 15 for the following calendar year.
- **All Applicants:** Must complete both sides of this application form and attach the items indicated below. All items indicated below are required annually with each reapplication.
- A signed copy of your 2023 federal income tax return with all schedules and W-2 forms. *Please disregard if you previously submitted a copy of your 2023 taxes for LRAP purposes.*
- A letter from your employer stating your current position, salary, and employment start date. *If continuing in the Program, and remain with the same employer, you may substitute a recent pay stub in lieu of the letter.*
- Documentation of current monthly repayment obligations for your student loans issued by your lender(s). *All amounts should be based on a repayment term ending ten-years from your date of graduation.*
- The completed Employment Verification Form (To be completed by the LRAP participant and the employer). **Please note:** If you do not submit the completed Employment Verification Form by the required deadline, you will be issued a tax form 1099-Misc in January 2025 for all amounts forgiven in 2024.

**Regular Disbursement Dates for Continuing Participants Completing Renewal Application by November 15**

- January 2025: for the period February 2025 through July 2025
  - July 2025: for the period August 2025 through January 2026
- Please Note:** A copy of your 2024 federal return with all schedules and W-2 forms must be submitted before your July 2025 check will be issued.
- Please allow 4-6 weeks for processing and check issuance.

**Summary of Educational Indebtedness**

Personal loans not certified by the Financial Aid Office should not be included in the totals below. Debt incurred after Columbia Law School is not covered by the Program. Bar exam loan debt for up to a maximum of \$10,000 in borrowing per participant for bar-related expenses is considered LRAP eligible debt. You must attach current documentation of your repayment obligations issued by the lender, indicating monthly payment amount due for each loan.

- LOAN:** Stafford, Graduate PLUS, Perkins, Columbia University Loan, private, bar exam, etc.
- LENDER:** Name of the lender from which you borrowed
- DATE OF LOAN:** Academic year in which loan was taken (i.e., 8/23-5/24)
- ORIGINAL DEBT:** Principal amount of loan originally borrowed
- BALANCE REMAINING:** Total amount still owed, including any accrued interest
- DATE OF 1ST PAYMENT:** Date lender requested 1st payment (for 1st-time applicants and those returning from a deferment)
- PAYMENT SCHEDULE:** M = Monthly Q = Quarterly
- PAYMENT AMOUNT:** Amount of each payment due on this loan as indicated by your lender

**Undergraduate Debt**

Loan	Lender	Date of Loan	Original Debt	Balance Remaining	Date of 1st Payment	Payment Schedule	Payment Amount

**Law School Debt**

Loan	Lender	Date of Loan	Original Debt	Balance Remaining	Date of 1st Payment	Payment Schedule	Payment Amount

I confirm that I have read and understood all of the above information and that to the best of my knowledge, the information I've provided on this application is true and correct. I acknowledge that I am required to immediately notify the Financial Aid Office of any changes in any information provided on this application, as it may impact LRAP benefits and/or eligibility for LRAP participation. I further understand that all funds provided to me through the Program will be used solely for the purposes of repaying loans covered by the Program. If I fail to repay my loans as outlined above, I will be asked to repay funds received through the Program.

SIGNATURE (Must be in ink. Electronic signatures not accepted.) \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**Employment Verification Form for LRAP Application****Part 1: To be completed by applicant**

NAME (PRINT) \_\_\_\_\_

I AUTHORIZE MY EMPLOYER AT \_\_\_\_\_ TO PROVIDE  
THE INFORMATION TO COLUMBIA LAW SCHOOL AS REQUESTED IN PART II OF THIS LOAN REPAYMENT ASSISTANCE PROGRAM PARTICIPATION FORM.APPLICANT SIGNATURE *(Must be in ink. Electronic signatures not accepted.)* \_\_\_\_\_ DATE \_\_\_\_\_**Part 2: To be completed by employer and submitted to address above**

JOB TITLE OF LRAP APPLICANT \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_\_\_ ANNUAL SALARY \_\_\_\_\_

**EMPLOYMENT STATUS**  FULL-TIME  PART-TIME (IF PART-TIME EMPLOYMENT, PLEASE PROVIDE THE FOLLOWING INFORMATION)

THE EMPLOYEE'S NUMBER OF HOURS/WEEK DURING THE PART-TIME SCHEDULE \_\_\_\_\_

THE EMPLOYEE'S PERIOD OF PART-TIME EMPLOYMENT FROM (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_) TO (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)

THE NUMBER OF HOURS/WEEK THAT CONSTITUTES A FULL-TIME POSITION AT YOUR WORKPLACE \_\_\_\_\_

ANNUAL SALARY IF EMPLOYEE WERE EMPLOYED ON A FULL-TIME BASIS \_\_\_\_\_

**EMPLOYER STATUS** (PLEASE CHECK THE APPROPRIATE BOX BELOW. THIS INFORMATION IS NECESSARY FOR TAX REPORTING PURPOSES)

1.  U.S. GOVERNMENT/PUBLIC AGENCY:  FEDERAL  STATE  CITY  OTHER: \_\_\_\_\_
2.  NON-U.S. GOVERNMENT/PUBLIC AGENCY:  MULTINATIONAL  NATIONAL  STATE/PROVINCIAL  LOCAL  OTHER
3.  U.S. NON-PROFIT [501(C)(3)]
4.  PRIVATE, FOR-PROFIT ORGANIZATION:  U.S.  NON-U.S.
5.  OTHER NON GOVERNMENT ORGANIZATION (NGO):  U.S.  NON-U.S.
6.  OTHER: \_\_\_\_\_

PLEASE PROVIDE INFORMATION ON BENEFITS ASSOCIATED WITH THIS POSITION (E.G., HOUSING OR FOOD ALLOWANCES, RELOCATION BENEFITS, BONUSES, ETC.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Person completing this form**

NAME (PRINT) \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE *(Must be in ink. Electronic signatures not accepted.)* \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

EMPLOYER PHONE NUMBER \_\_\_\_\_

EMPLOYER EMAIL \_\_\_\_\_