

**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.)

* 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: _____

Applicant's Name _____

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 _____

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

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

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

INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED.