

Hofstra Law Loan Repayment Assistance Program (LRAP) Criteria

Upon graduation, students who enter qualified areas of public interest employment may be eligible to apply for the Hofstra Law Loan Repayment Assistance Program (LRAP). This program, if approved, will forgive portions of outstanding Hofstra Law Loan debt.

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 \$65,000.
 - 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, with all accompanying schedules, and photocopies of all W-2 forms.
4. A photocopy of the most recent 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 Hofstra Law Loan Repayment 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, the student makes any changes that no longer fit the criteria of the program, he/she 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.

**Hofstra Law Loan Repayment Assistance Program
(LRAP) Application**

Class of _____

BIOGRAPHICAL INFORMATION

Name: _____

Student ID: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

Spouse's Name: _____

Children's Name(s)/Ages(s): _____

EMPLOYMENT INFORMATION

Note: 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

SPOUSE'S INFORMATION

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

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

Do you expect to be employed full-time in such a job during the entire 2020 calendar year? YES NO

Hofstra Law Loan Repayment Assistance Program (LRAP) Application

INCOME INFORMATION

	Income for 2019	Spouse's Income for 2019
Total wages, salary, commissions, and fees from all employment		
All other taxable and untaxable income i.e. alimony, capital gains, child support, etc.		

	Projected Income for 2020	Spouse's Projected Income for 2020
Total wages, salary, commissions, and fees from all employment		
All other taxable and untaxable income i.e. alimony, capital gains, child support, etc.		

ADDITIONAL DOCUMENTATION REQUIRED TO BE SUBMITTED WITH APPLICATION

Applications will NOT be considered complete unless ALL required forms are signed and submitted.

- Attach copies of your and your spouse's 2019 tax return and W-2 or submit an affidavit of non-filing. The tax returns **MUST** be signed with your handwritten signature.
- Attach a copy of your most recent Hofstra Law Loan billing statement, which will confirm that you are current with your monthly payments.
- Submit the completed Employer Certification Form (included with this application), confirming your employment and salary.

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 informing the Hofstra Law School Office of Financial aid in writing, within thirty (30) days, of any change or changes in my name, address, social security number, income or employment status.

Applicant Signature

Date



Office of Financial Aid
108 Hofstra University
Joan Axinn Hall
Hempstead, NY 11549

T: 516-463-6706
F: 516-463-4936
lawfinaid@hofstra.edu

**Hofstra Law Loan
Repayment Assistance Program (LRAP)
EMPLOYER CERTIFICATION FORM**

PART I: TO BE COMPLETED BY THE APPLICANT

Name: _____

Hofstra Student ID: _____

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

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 Law School. 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) 463-5916.

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 2020 calendar year? YES NO

Name of Employer

Address

Telephone Number

Authorized Signature

Name (print)

Title

Date

Please return this form and all supplemental documentation to:

**Hofstra Law
Office of Financial Aid
108 Hofstra University
Joan Axinn Hall
Hempstead, NY 11549**

lawfinaid@hofstra.edu