

TEXAS STUDENT LOAN REPAYMENT ASSISTANCE PROGRAM APPLICATION
2009-2010 Award Year

Please Print.

A. Applicant Data

Applicant Name: _____

Texas State Bar #: _____

Applicant E-mail: _____

Social Security #: _____

Dependents' Names, Ages: _____

Permanent 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: _____

C. Certification of Income

2008 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 2008 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 _____

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 27, 2009**. 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 27, 2009**. 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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**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 the Texas Access to Justice Foundation via regular mail and an
electronic version via e-mail no later than April 2, 2009.***

INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED.