

Passion Into Practice.

GONZAGA UNIVERSITY SCHOOL OF LAW
Loan Repayment Assistance Program (LRAP)
EMPLOYER CERTIFICATION FORM
Applicable to Private and/or Bar Loans ONLY

Part A: To be completed by the applicant. (Submit this form to your employer).

Applicant Name Social Security Number

I hereby authorize my employer, _____, to provide the information requested in Part B to Gonzaga University School of Law LRAP.

Applicant's Signature Date

Part B: To be completed by the employer.

Please complete the information requested below concerning the employment status of the above-referenced individual.

Title of Position/Nature of Work: _____

Dates of Employment: _____ Full-time: _____ Part-time: _____ (hours/week)

Annual Gross Salary: _____

If a salary increase is expected, please specify amount and effective date: _____

Value of Employer Paid Benefits:

Retirement: _____ Life Insurance (cash value): _____
Housing Allowance: _____ Loan Repayment Assistance: _____
Other: _____

Is your organization recognized by the Internal Revenue Service as tax-exempt? ___ Yes ___ No

Employer Name: _____
Employer Address: _____
Employer Telephone: _____
Authorized Respondent: _____ Title: _____
Authorized Respondent Email: _____

Authorized Signature Date