



## **PUBLIC INTEREST LOAN REPAYMENT ASSISTANCE PROGRAM APPLICATION**

### **APPLICANT STATUS**

First-Time Applicant

Continuing Applicant

### **SUPPLEMENTAL QUESTIONS (complete only if continuing applicant)**

Has your employer, job title, duties, or salary changed? YES NO

Has your marital status or number of dependents changed? YES NO

Has your monthly loan payment(s) or loan servicer(s) changed? YES NO

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### **APPLICANT INFORMATION**

Name: \_\_\_\_\_ AU ID: \_\_\_\_\_ AUWCL Class: \_\_\_\_\_

Mailing Address (Street, City, State, Zip): \_\_\_\_\_

Phone (Home/Cell): \_\_\_\_\_ Email: \_\_\_\_\_

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### **SPOUSE INFORMATION**

Spouse's Name: \_\_\_\_\_

Spouse's Job Title: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

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### **DEPENDENT INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ | Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ | Name: \_\_\_\_\_ Age: \_\_\_\_\_



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## FINANCIAL INFORMATION

**Important:** AUWCL Financial Aid Office has the right to request federal income taxes to verify information reported.

Gross Dollar Amount

Applicant Salary: \_\_\_\_\_

Spouse's Salary: \_\_\_\_\_

Applicant's Other Source of Income (*specify*): \_\_\_\_\_

Spouse's Other Source of Income (*specify*): \_\_\_\_\_

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## OTHER LRAP FUNDING RECEIVED

**Important:** Applicants are required to notify the AUWCL Financial Aid Office if they receive a decision regarding awards from other LRAP programs. Please provide a copy of the LRAP award letter.

Program Name: \_\_\_\_\_ Annual Amount: \_\_\_\_\_

Program Name: \_\_\_\_\_ Annual Amount: \_\_\_\_\_

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## FEDERAL STUDENT LOAN REPAYMENT PLAN INFORMATION

Servicer 1 Name: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Recertification Date: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_

Servicer 2 Name: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Recertification Date: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_

Servicer 3 Name: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Recertification Date: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_

Servicer 4 Name: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Recertification Date: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_

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## APPLICATION CHECKLIST

### NEW APPLICANT

A completed Application

A completed Employment Verification Form.

A Fedloan Servicing Income-Driven Repayment Plan statement that includes the balance, interest rate, repayment plan, and monthly payment amount.

A copy of your current Fedloan Servicing monthly student loan bill(s).

### CONTINUING APPLICANT

A completed Application

A completed Employment Verification Form.

A Fedloan Servicing Income-Driven Repayment Plan statement that includes the balance, interest rate, repayment plan, and monthly payment amount.

A copy of your current Fedloan Servicing monthly student loan bill(s).

Proof of loan payments for the past six months.

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## SUBMISSION PROCESS

All materials must be scanned together and emailed as a password protected single PDF attachment with the subject heading “[Year] PILRAP Application” to [pilrap@wcl.american.edu](mailto:pilrap@wcl.american.edu) by **November 15 at 5:00PM (EST)**. Please use your seven-digit AUID number as your password for the PDF attachment. Hard copies, faxes, and/or late applications will not be accepted.

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## CERTIFICATION

I hereby certify that the information on this form is true and complete to the best of my knowledge. I agree to notify the AUWCL Financial Aid Office of any changes in the information reported here, including a change in monthly loan repayment obligation, within 30 days. I understand that I may be asked to provide supporting application documentation.

I understand that only Federal Direct Loans are eligible for public service loan forgiveness. Federal Family Education Loans (FFEL) and the Federal Perkins Loans are not eligible for forgiveness through PSLF.

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Applicant's Signature  
(Original signature required)

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Date



## **PUBLIC INTEREST LOAN REPAYMENT ASSISTANCE PROGRAM EMPLOYMENT VERIFICATION FORM**

### **PART 1: TO BE COMPLETED BY APPLICANT**

Name: \_\_\_\_\_

I authorize my employer at \_\_\_\_\_ to provide the Washington College of Law with the requested information for this loan repayment assistance program verification form.

Applicant Signature (*Original signature required*): \_\_\_\_\_ Date: \_\_\_\_\_

### **PART 2: TO BE COMPLETED BY SUPERVISOR**

Job Title of PILRAP Applicant: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Start Date: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Employment Status:      Full-Time      Part-Time

Employer Type (Please select the appropriate option below)

U.S. Government/Public Agency (Federal, State, City, Other)

U.S. Non-Profit [501(C)(3) or 501(C)(4) or 501(C)(5)]

Other: \_\_\_\_\_

JD Degree Required?      Yes      No

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Signature (*Original signature required*): \_\_\_\_\_ Date: \_\_\_\_\_

***Supervisors: Please Return the Completed Form to the Applicant.***



U.S. Department of Education  
Information about your federal student loan

October 23, 2018

## INCOME-DRIVEN REPAYMENT PLAN RECALCULATED

Account Number: [REDACTED]

We recalculated your monthly payment for your Pay As You Earn (PAYE) plan. We used your income documentation and family size to determine your monthly payment of \$314.92 which is first due on 11/15/2018.

### Good to Know

### Loan Information

Loan Program	Disbursement Date	Current Principal Balance	Interest Rate
DLSCNS	10/14/2016	\$14,792.19	6.250%
DLUCNS	10/14/2016	\$207,621.98	6.250%

