

**WASHINGTON UNIVERSITY SCHOOL OF LAW  
MEL BROWN FAMILY LOAN REPAYMENT ASSISTANCE PROGRAM**

**LRAP I & LRAP II Renewal Application**

**Instructions:**

1. Complete the LRAP Renewal Application. Return the “Request for Cancellation” Form with your application.
2. Attach the most recent Income Tax Return for yourself and/or your spouse/domestic partner.
3. Attach current Lender Statements for ALL Private & Federal educational loans, displaying balance and present interest rate.
4. Attach your spouse/domestic partner’s current Lender Statements for ALL Private & Federal educational loans, displaying balance and present interest rate.
5. Return COMPLETE application to:

Carrie Burns, Director for Financial Aid & Student Life  
Washington University School of Law  
One Brookings Drive, Campus 1120  
St. Louis, MO 63130

OR via email to [cjburns@wustl.edu](mailto:cjburns@wustl.edu).

**Applicant Data:**

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

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Single, Married, Living with Domestic Partner: \_\_\_\_\_

Names and ages of dependent children under age of 21:

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

**Income Information:**

	Participant	Spouse/Partner
Wages & Salaries (gross income)		
Overtime/Bonus/Commissions		
Total Interest Income (if more than \$500)		
Total Dividend Income (if more than \$500)		
Business Income		
Alimony/Child Support Received		
Unemployment Compensation		
Rental Income		
Trust Fund Income		
Other Income – Specify: _____ _____	_____ _____	_____ _____
<b>Total</b>		

**Asset Information:**

	Participant	Spouse/Partner
Cash & Bank Accounts		
Home Equity		
Other Real Estate & Investment Equity		
Trust or Inheritance		
Other Assets (Do NOT include vehicles and household goods) – Specify: _____ _____	_____ _____	_____ _____
<b>Totals</b>		

**EMPLOYMENT CERTIFICATION**

**Part A: To be completed by the applicant.** (Please duplicate for each employer.)

LRAP Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I authorize my employer, \_\_\_\_\_, to provide information requested in Part B of this form to Washington University School of Law (WUSL). I also authorize WUSL to contact my employer regarding my employment information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part B: To be completed by the employer.**

The employee named above has applied to Washington University School of Law’s Loan Repayment Assistance Program (LRAP I). The application requires certification from the employer of employment status and salary. Please complete the following and return this form to the employee named above.

Employment start date: \_\_\_\_\_ Employee’s current title: \_\_\_\_\_

Employee’s current annual salary: \$ \_\_\_\_\_ (Gross)

Employer provided benefits in addition to salary (i.e., housing, bonuses, etc.) available to the employee:

\$ \_\_\_\_\_ (per year)

When was the employee’s most recent salary/cost-of-living increase? \_\_\_\_\_

When is employee’s next salary/cost-of-living increase expected? \_\_\_\_\_

**I hereby certify that all of the information presented in this form is true and complete to the best of my knowledge.**

\_\_\_\_\_  
(Signature) (Printed Name & Title) (Date)

\_\_\_\_\_  
(Employer)

\_\_\_\_\_  
(Address) (Phone Number)

**SPOUSE/DOMESTIC PARTNER EMPLOYMENT CERTIFICATION**

**Part A: To be completed by applicant's spouse/domestic partner.** (Please duplicate for each employer.)

LRAP Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

LRAP Applicant Spouse/Partner's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I authorize my employer, \_\_\_\_\_, to provide information requested in Part B of this form to Washington University School of Law (WUSL). I also authorize WUSL to contact my employer regarding my employment information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part B: To be completed by the employer.**

The spouse/partner of the employee named above has applied to Washington University School of Law's Loan Repayment Assistance Program (LRAP I). The application requires certification from the employer of the applicant's spouse/partner for employment status and salary. Please complete the following and return this form to the employee named above.

Employment start date: \_\_\_\_\_ Employee's current title: \_\_\_\_\_

Employee's current annual salary: \$ \_\_\_\_\_ (Gross)

Employer provided benefits in addition to salary (i.e., housing, bonuses, etc.) available to the employee:

\$ \_\_\_\_\_ (per year)

When was the employee's most recent salary/cost-of-living increase? \_\_\_\_\_

When is employee's next salary/cost-of-living increase expected? \_\_\_\_\_

**I hereby certify that all of the information presented in this form is true and complete to the best of my knowledge.**

\_\_\_\_\_  
(Signature) (Printed Name & Title) (Date)

\_\_\_\_\_  
(Employer)

\_\_\_\_\_  
(Address) (Phone Number)

**REQUEST FOR CANCELLATION**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I hereby certify that I am in compliance with the requirements for loan cancellation of the LRAP Program for the Washington University School of Law. I was employed by the office of \_\_\_\_\_ for the period of \_\_\_\_\_ to \_\_\_\_\_ .

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

Below portion to be completed by officer of qualifying employer:

I hereby certify that the above-disclosed employment data is correct.

\_\_\_\_\_  
Qualifying Employer's Signature

\_\_\_\_\_  
Date