Loan Repayment Assistance Program January 2018 Renewal Application and Certification

If you are interested in renewing your Suffolk University Law School Loan Repayment Assistance Program (LRAP) benefit, <u>please complete and return the following information and certification to</u> <u>Student Financial Services by January 16, 2018</u>. *If you are not on the 'Reimbursement Plan,' you must also submit a completed Promissory Note with this Application*.

PLEASE ATTACH A COPY OF THE MOST RECENT PAY STUB FOR ALL JOBS FOR BOTH YOU AND YOUR SPOUSE.

BIOGRAPHICAL INFORMATION

Name		Student ID
Home Address		
Home Phone	Cell Phone	Work Phone
Email Address		Suffolk Law Graduation Date
Are you married?	NoYes If yes, as of	Spouse's Name
Total Principal Due for	Spouse's Educational Loans	
EMPLOYMENT INFORM	IATION	
Employer		Start Date
Employer Address		
Job Title		Annual Salary
Job Responsibilities		
		Annual Salary
PROJECTED INCOME IN	IFORMATION	
List all sources, and am	ounts, of income for recipie	nt for 2018
List all sources, and am	ounts, of income for recipie	nt's spouse, if any, for 2018

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CERTIFICATION

- 1. I hereby certify that all of the information contained in this application is true and accurate to the best of my knowledge.
- 2. I agree to provide supporting documentation of the information listed on this application, if requested.
- 3. I certify that all Loan Repayment Assistance Program (LRAP) funds received will be, or were, used for the express purpose of repaying LRAP eligible student loans
- 4. I understand that if I default on any of my educational loans I will be terminated from the Loan Repayment Assistance Program.
- 5. I agree to notify to notify Student Financial Services in writing within 30 days if I receive a deferment or forbearance on student loans from my lender(s) and/or if my loan payments are reduced.
- 6. I agree to notify Student Financial Services in writing within 30 days of any change in income, employment, marital status, or if I file for bankruptcy. If any of these changes renders me ineligible for LRAP funds, I understand that future award benefits will cease.
- 7. I agree to notify Student Financial Services in writing within 30 days of any change in my spouse's income. If this change renders me ineligible for LRAP funds, I understand that future award benefits will cease.
- 8. I certify that I am not receiving assistance for the repayment of any of my student loans from any source other than the Loan Repayment Assistance Program.
- 9. I understand that to receive future LRAP benefits, I must continue to meet all eligibility criteria and will provide requested documentation in a timely manner.
- 10. I understand that the deadline for submitting a complete application is January 16, 2018. Failure to submit a timely application will result in my termination from the LRAP program.
- 11. I certify that I have submitted all applicable pay stubs.
- 12. I certify that if I am not part of the 'Reimbursement Plan,' I have submitted a completed Promissory Note.
- 13. I certify that I have read and understand the material regarding the Loan Repayment Assistance Program on the Suffolk University Law School website.
- 14. I certify that I paid the following total amount on my LRAP eligible student loans between July 1, 2017 and December 31, 2017: ______.
- 15. I certify that I expect to pay the following amount on my LRAP eligible student loans between January 1, 2018 and June 30, 2018: ______.

Applicant's Name		
Applicant's Signature	Date	
Spouse's Name		
Spouse's Signature	Date	
Send your Renewal Application and Certification to:	Loan Repayment Assistance Program Student Financial Services	
Except for the Promissory Note,	Suffolk University Law School	
All documents may INSTEAD be submitted	8 Ashburton Place	
via email: lawfaid@suffolk.edu	Boston, MA 02108	
OR by fax: (617) 305-3216		
	Drop off in person to:	
	73 Tremont Street, 6 th floor	