

LOAN REPAYMENT ASSISTANT PROGRAM (LRAP) APPLICATION

Personal Information

Name:

DePaul Law Class Year:

Home Address:

Phone Home:

Phone Work:

E-mail Address:

Date:

Spouse's or Domestic Partner's Name:

Dependent Children's Names and Ages:

Other Dependents' Names, Ages, and Relationships:

Employment Information

Name of Employer:

Employer Phone and Fax

Address of Employer:

Date qualifying employment began or will begin:

Your position or title:

Describe the nature of your work:

Are you a part-time or full-time employee **

* Domestic Partner is defined as any person with whom an applicant files joint Federal tax returns.

** The definitions of part-time and full-time are located in the LRAP requirements and guiding principles on the Center for Public Interest Law Website

Income Information

Your annual gross salary:

Your other taxable and non-taxable income, i.e., (1) alimony (2) child support (3) capital gains (4) interest income (5) dividends (6) grants, scholarships, fellowships: \$

Your projected 2026 income (include wages, salary, commissions, and fees from all employment):

Do you qualify for any other government, state, or other loan repayment assistance, such as the College Cost Reduction and Access Act (CCRAA)? Yes No

If yes, list what assistance you are receiving:

If you qualify under the CCRAA, in what year will you be eligible to have your remaining debt canceled?

Spouse/Domestic Partner's Income Information

Spouse or domestic partner's employer and annual gross salary: \$

Spouse's or Domestic Partner's other taxable and non-taxable income, i.e., (1) alimony (2) child support (3) capital gains (4) interest income (5) dividends (6) grants, scholarships, fellowships: \$

Spouse's or domestic partner's 2023 projected income: (include wages, salary, commissions, and fees from all employment): \$

Does your spouse/domestic partner qualify for any other government, state, or other loan repayment assistance, such as the College Cost Reduction and Access Act (CCRAA)? Yes No

If yes, list what assistance s/he is receiving:

If your spouse qualifies under the CCRAA, in what year will s/he be eligible to have his/her remaining debt canceled?

Applicant's Loan Indebtedness Information

Please list all post-secondary **educational** loans and attach copies of current primary loan statements and payment schedules from all law school loan sources. Please add an additional sheet if necessary.

If loans are consolidated, include the amount prior to consolidation.

**Total all loans at the bottom of the page.

Federally Direct and Federally Guaranteed Law School Loans

(Includes Perkins Loans, Subsidized Stafford Loans, Unsubsidized Stafford Loans, Federal Grad PLUS loans (but not Parent PLUS loans), Federal Direct Consolidation Loans)

Name of Lender	Loan Account Number	Original Principal	Remaining Principal	Remaining Principal

Private Law School Loans (Access Group, Key Bank, Sallie Mae, Bar Loans, etc.)

Other Graduate School Loans

Undergraduate School Loans

Total Loan Debts

	Total Principal Amount Borrowed	Total Remaining Balance	Total Monthly Payment(s)
Law			
Graduate			
Undergraduate			
Total			

Are any of the loans above consolidated loans? Yes No

If yes, list which loans are consolidated:

Applicant's Spouse's or Domestic Partner's Indebtedness Information (If Applicable)

Federally Direct and Federally Guaranteed Law School Loans

(Includes Perkins Loans, Subsidized Stafford Loans, Unsubsidized Stafford Loans, Federal Grad PLUS loans (but not Parent PLUS loans), Federal Direct Consolidation Loans)

Name of Lender	Loan Account Number	Original Principal	Remaining Principal	Remaining Principal

Private Law School Loans (Access Group, Key Bank, Sallie Mae, Bar Loans, etc.)

Other Graduate School Loans

Undergraduate School Loans

Total Loan Debts

	Total Principal Amount Borrowed	Total Remaining Balance	Total Monthly Payment(s)
Law			
Graduate			
Undergraduate			
Total			

Are any of the loans above consolidated loans? Yes No

If yes, list which loans are consolidated:

Attachments

Please attach the following to your application form:

- A short statement describing (1) financial need and how the LRAP will be of assistance; and (2) your commitment to public interest law.
- A short statement describing the nature of present and relevant past employment.
- A current resume.
- Employment verification form, including full-time/part-time status, form completed and signed by all employers. (The form can be found at the end of the application.)
- One recommendation letter from an employer or coworker.
- Copies of current primary loan statements and payment schedules from all law school loan sources (official lenders recognized by the College of Law).
- Copy of your current federal income tax return including all schedules and attachments. (Those who are married and filed separately must also attach their spouse's most recent federal income tax return, including all schedules and attachments. If applicable, attach your domestic partner's income tax return.)
- A copy of birth or adoption certificate if a dependent was born/adopted after the most recent tax filing.

Send Completed Applications to:

Shaye Loughlin

Director, Center for Public Interest Law

25 East Jackson Boulevard,

Chicago, Illinois 60604

312.362.7212

sloughli@depaul.edu

Applications must be postmarked by June 15, 2026.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

DEPAUL UNIVERSITY COLLEGE OF LAW LOAN REPAYMENT ASSISTANT PROGRAM (LRAP)

I hereby agree to abide by the rules of the DePaul University College of Law's LRAP with regard to the repayment of any unforgiven loans extended under the Program.

Initial

I agree to disclose to the LRAP Committee any other loan assistance I receive.

Initial

I agree to inform the LRAP Committee within three weeks of any changes in my employment status or other relevant changes in circumstances during the program year
relevant changes in circumstances during the program year.

Initial

Name:

Signature

Date:

DEPAUL UNIVERSITY COLLEGE OF LAW LOAN REPAYMENT ASSISTANT PROGRAM (LRAP)

EMPLOYER CERTIFICATION FORM

PART A: To be completed by the APPLICANT:

Name: []

Social Security Number: []

I authorize my employer at to provide the information requested in Part B to the DePaul University College of Law LRAP Committee.

Applicant's Signature

Date

PART B: To be completed by the EMPLOYER:

Dear Sir or Madam:

[] has applied to a special program at DePaul University College of Law. 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 June 15, 2026. If you have any questions, please contact Shaye Loughlin at 312-362-7212.

The above named individual is a [] current employee [] former employee

Date employment began/will begin: []

Date employment ended (if applicable): []

Employment Status:

Full-time: [] Part-time: [] Hours PT employee works per week []

Is employment with a nonprofit organization qualifying for tax exempt status under Section 501(c)(3) or Section 501(c)(4); or government service? Yes [] No []

Is a JD degree required for this individual's position? Yes [] No []

Annual Gross Salary: _____

Comments: _____

Print Name: _____

Signature: _____

Title: _____

Name of Employer: _____

Address: _____

Phone: _____

Date: _____