

Temple University Beasley School of Law
BARRACK PUBLIC INTEREST FELLOWSHIP PROGRAM APPLICATION

APPLICANT INFORMATION (Please print clearly)

NAME _____
Last First M.I.

CLASS OF _____

PERMANENT ADDRESS _____
Number and Street

_____ City State Zip

Phone Number (Home) _____ E-mail address: _____

Are you a: new or re-applicant for funding through this program?

EMPLOYMENT INFORMATION

Name of Employer* _____

Address _____

_____ City State Zip Phone

Is this Employer: NONPROFIT GOVERNMENT OTHER (please explain on separate sheet)

Annual Salary** \$ _____

On a separate sheet, please list any other sources of income, including but not limited to, alimony, investment income, and income from part-time work.

Are you employed full time? Yes No To qualify for LRAP funds your employment must be full time.

* An Employment Verification Form must be included with your application
** Income information for applicant and spouse must be verified. A copy of the most recent tax return is required for both the applicant and spouse.

APPLICATION DEADLINE: DECEMBER 9, 2022

STATEMENT OF LAW SCHOOL INDEBTEDNESS

Please list the lender, the total amount borrowed under each loan type, the dollar amount of monthly repayment obligations per loan type and the date repayment starts for each loan. Include only loans incurred while a law student.

TYPE OF LOAN	LENDER	TOTAL AMOUNT BORROWED	MONTHLY PAYMENT	REPAYMENT START DATE
Federal Stafford				
Federal GRAD Plus				
Perkins				
Other - Please describe				

Please indicate below the type of repayment option you are enrolled in (for example: Income Based Repayment (IBR), Pay As You Earn (PAYE), etc.) and your monthly loan repayment amount.

Type of repayment plan: _____ Monthly payment: _____

If your loan repayment has not yet started, please indicate when your payments will begin: _____

You are also required to submit a recent statement for all loans which includes the monthly amount due, the due date of your next payment and proof that your account is current and is in repayment status. A copy of an online account statement is acceptable.

NOTE: If you have not been making any payments during the COVID-19 federal loan pause period, please indicate that, and provide the date when your loan payments will recommence.

Are you receiving loan repayment assistance from any other source? Yes No

This includes any federal, state or employer sponsored loan repayment assistance programs. If yes, please provide the details on a separate sheet.

PERSONAL STATEMENT

You must submit a personal statement with your application. The statement should describe your commitment to a career in public service, the nature of your current position and anything else which you feel will assist the Committee in evaluating your application. Renewal applicants must submit a new statement each year. Your statement should not exceed two pages.

REQUIRED DOCUMENTATION

In addition to a completed application form, loan repayment documentation and a personal statement, all applicants must submit a copy of their 2021 Federal Tax Return and an Employment Verification form.

CERTIFICATION

I hereby certify that the above information is true. I understand that if I am selected to participate in the Barrack Public Interest Fellowship Program I am obligated to report any increases in income during 2023 and supply the Program Administrator with any follow-up documents or requested information.

Date

Signature

**BARRACK PUBLIC INTEREST FELLOWSHIP PROGRAM
EMPLOYMENT VERIFICATION FORM**

TO BE COMPLETED BY APPLICANT:

Name _____

Address _____

Telephone _____ (where you can be reached during the day)

I authorize my employer to provide the information requested below.

Signature

Date

TO BE COMPLETED BY EMPLOYER:

Name of Organization _____

Address _____

Telephone _____

Nature or type of organization _____

Does this organization qualify for tax exemption status under IRS Code 501(c)? _____

Please provide the following information regarding the applicant's employment:

Position _____

Starting Date _____

Annual Salary _____

I certify that the above information is true and accurate as of this date.

Name _____ Title _____

Signature _____ Date _____

Return completed form to:

Temple University School of Law
Office of Financial Aid
1719 North Broad Street
Philadelphia, PA 19122
Fax: (215) 204-9319
E-mail: LWFinAid@temple.edu