

**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: JANUARY 5, 2024**

## 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 |        |                       |                 |                      |

Indicate below the type of repayment option you are enrolled in (for example: Pay As You Earn (PAYE), Saving on a Valuable Education (SAVE), 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.

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 2022 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 2024 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