



**Loan Repayment Assistance Program (LRAP)**  
**2020 APPLICATION**

**Application Deadline: Postmarked or emailed (*preferred*) to OSB office by April 15, 2020.**

MAIL TO: LRAP Advisory Committee, Oregon State Bar P.O. Box 231935, Tigard, OR 97281-1935.  
 Hand delivery should be made to: 16037 SW Upper Boones Ferry Road, Tigard, OR.  
 Email to: lrap@osbar.org  
 Phone: (503)431-6355 or (inside Oregon) 1-800-452-8260 x355; Fax: (503)598-6955

**Form Instructions** – Click on the gray box to fill in the information. To fill in information in a table, double click the table to make it active, then fill in the amounts so that the form can auto calculate. To exit a table click anywhere in the document outside of the table.

**Oregon Public Records Act Notice** – The Oregon State Bar is subject to the Oregon Public Records Act, ORS Chapter 192. The bar has an obligation to disclose its records when requested, unless an exemption applies. The bar agrees the personal financial information you provide in response to questions in Sections B, C, D and E, and all related financial documentation, is submitted in confidence and will only be disclosed under the Act if required by law.

**Section A: Applicant Information**

Last Name	First Name	Middle Initial
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Street Address (where you wish to receive mail)	City	State	Zip Code
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Home Telephone	Work Telephone
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\_\_\_\_\_

Email

Please indicate the annual loan amount you are requesting (up to \$7,500): \_\_\_\_\_

(The LRAP Advisory Committee reserves the right to determine the loan amount.)

**Education**

Undergraduate School(s) Attended	Graduation Date
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Law School(s) Attended	Graduation Date
------------------------	-----------------

**Licensure**

Are you licensed to practice law in Oregon?  Yes  No

\_\_\_\_\_  
Oregon State Bar Passage Date

\_\_\_\_\_  
Oregon State Bar Number

If not licensed in Oregon, when do you estimate you will be licensed? \_\_\_\_\_

How many total years practicing in public service law? \_\_\_\_\_

**Program Eligibility** – Please answer either question #1 **OR** #2, **AND** question #3.

1. As of April 15, 2020, is your gross income (your income before taxes and deductions) \$65,000 or less?  
 Y  N

**OR**

2. If you are a private public defender, as of April 15, 2020, is your net income \$65,000 or less?  
 Y  N

**AND**

3. Is your total eligible debt at least \$35,000?  Y  N

The remainder of this page is intentionally blank.  
The application continues on the following page.

**Section B: Employment** *(contains CONFIDENTIAL information)*

Please attach a current resume.

Complete the information below for your current employer. If not currently employed, complete the information below for your prospective employer. To be eligible to receive LRAP funds, recipients must begin qualified employment no later than April 15, 2020, and must provide an updated Employment Verification form confirming employment by April 15, 2020.

Employment Category:  Civil legal aid  Other non-profit  Public defender  
 Prosecutor  Private public defender

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Applicant's Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Number of working hours per week: \_\_\_\_\_

Duties/Nature of Work: \_\_\_\_\_

Annual Salary (or gross income if a private public defender) as of April 15, 2020: \_\_\_\_\_

**Section C: Income and Expenses** *(contains CONFIDENTIAL information)*

**Income**

Please report your income as reported on your last year's federal income tax form 1040. If you filed jointly, please estimate the value for applicant only.

Wages and salaries	\$	-
Total interest income	\$	-
Total dividend income	\$	-
Business income	\$	-
Alimony/child support	\$	-
Unemployment compensation	\$	-
Rental income	\$	-
Trust fund income	\$	-
Other income (specify)	\$	-
<b>TOTAL</b>	\$	-

◀ Does this amount include a taxable LRAP?  Y  N

*Double click on the tables to fill in the information.*

Please describe any significant assets you own or control that could be used to repay your student debt:

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

**Benefits**

Benefit	Monthly Premium	Annualized
Employer provided health insurance		\$ -
Employer provided life insurance		\$ -
Employer provided cafeteria plan		\$ -
Employer provided dental insurance		\$ -
Employer provided disability insurance		\$ -
Employer provided vision insurance		\$ -
Employer provided retirement benefits		\$ -
Any other employer provided benefits		\$ -
<b>TOTAL</b>	\$ -	\$ -

**Expenses**

Expense	Monthly	Annualized
Child Care Expenses		
Alimony/Child Support Paid		
Employee Contributions to health insurance		
<b>Total</b>	\$ -	\$ -

Please describe any other extraordinary expenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other LRAPs**

Do you anticipate receiving any other loan repayment assistance in 2020?  Yes  No

If yes, list program and amount: \_\_\_\_\_

If yes, did you include this amount in your gross wages listed under Anticipated 2020 Annual Salary?

Yes  No

**Section D: Educational Debt (contains CONFIDENTIAL information)**

To be completed by applicant for all post-secondary educational loans. If loans are consolidated with another individual, include only the amount in the applicant's name prior to consolidation.

Loans eligible for repayment assistance are undergraduate, graduate, and law school loans made by the government or an institutional provider for the education of the applicant. Family and personal loans for the education of the applicant may be considered if supported with documentation. Please list all of eligible loans and totals at the bottom of the page. Please indicate whether you are using income based or income contingent repayment for any loans.

Lender/Service	Outstanding Balance	Monthly Payment	Income Based	Income Contingent	Paye or Re-Paye
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL</b>	\$ -	\$ -			

**Section E: CERTIFICATION**

I understand that an application packet will not be considered complete unless the following documents are submitted by April 15, 2020:

1. **Application.** Complete and sign the 2020 OSB LRAP Application form.
2. **Proof of Employment.** Complete the top portion of the Employment Verification form, and have your employer complete the lower portion of the form. In addition, applicant must submit:
  - A copy of applicant’s 2019 W-2 forms
  - Applicant’s current resume

If the applicant is a private public defender, applicant must also submit:

- A copy of applicant’s 2019 1040 form
  - A copy of applicant’s current contract with the appropriate agency/firm
3. **Proof of Loans.** Submit a recent account statement for each loan that contains all the pertinent loan information in Section B of the Lender Verification form or complete the top portion of the Lender Verification form for each loan, have your lender complete the lower portion of the form, and submit a form for each loan. It is your responsibility to ensure all Lender Verification Forms are received by the Oregon State Bar by April 15, 2020.
  4. **Personal Statement.** Attach a statement (no more than 2 pages) that describes your previous activities in the public interest field and your career plans for the next five years.

I understand that I may provide any additional information (no more than 1 page) by April 15, 2020 that is relevant to this application and will assist the Selection Committee (e.g., unusual or extraordinary expenses).

I certify that loans listed in Section B of this application are in good standing.

I understand that failure to provide all requested information in compliance with program guidelines and deadlines may result in my ineligibility to receive assistance under this program.

I agree to notify Oregon State Bar of any changes to my personal or financial situation, such as changes in employment, salary, address, etc. within one month of the occurrence.

I acknowledge I have read the LRAP Policies and Guidelines and agree any assistance that I receive is subject to, and governed by, these Policies and Guidelines. I understand these Policies and Guidelines may be modified in the future by the LRAP Advisory Committee.

I certify that all the information on this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_ The Oregon State Bar may use my name for LRAP publicity.  
(If Yes, Initial)

Oregon State Bar LRAP loans are determined without consideration of race, color, religion, sex, national origin, ancestry, or any other protected class.