

# CALIFORNIA WESTERN SCHOOL OF LAW / San Diego

Adrienne Baker Loan Repayment Assistance Program (LRAP)

## PART A: TO BE COMPLETED BY THE APPLICANT

*INSTRUCTIONS:* Please complete Part A and forward this form to your current and, if applicable, former employer(s).

NAME: \_\_\_\_\_

I authorize my employer, \_\_\_\_\_, to provide the information requested in Part B to California Western School of Law.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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## PART B: TO BE COMPLETED BY THE EMPLOYER

The above-named individual has applied for Loan Repayment Assistance Program (LRAP) benefits at California Western School of Law. Part of the application process requires verification by the employer of the applicant's employment status. Please complete the following information. If you have any questions, please contact the Financial Aid Office at (619)525-7060 or at [FinAid@cwsl.edu](mailto:FinAid@cwsl.edu).

Date of employment: \_\_\_\_\_ Full-time position? Yes \_\_\_ No \_\_\_

Annual gross salary for last calendar year: \$ \_\_\_\_\_

Is the employer a nonprofit organization that qualifies for tax exemption under section 501(c)3 or 501(c)4 of the Internal Revenue Code? \* \_\_\_Yes \_\_\_No

\*If yes, please provide verification of this status.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number