

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

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.

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