**Appendix A1**

**John R. Justice Loan Repayment Application Form**



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| **Section I: Application Information**The following information will be used for contact and taxation purposes. |
| Name: | Social Security: | Are you licensed to practice law: |
| ------- | -------- | Yes |[ ]  No |[ ]
|[ ]  Prosecutor |[ ]  Public Defender | Annual Salary | ------- |
| Home Address: | City: | Zip Code: |
| ------ | ------ | ------- |
| Work telephone: | Work Fax: | Email Address: |
| ------ | -------- | -------- |
| Name of Law School: | Dates Attended: |
| ------- | ------- | ------- |
| Name of Law School: | Dates Attended: |
| ------- | ------- | ------- |
| **Section II: Loan Institution Information**The following information is the lending institution to which benefits will be paid if awarded a grant |
| Name of Institution: | Payment Remittance Address: |
| -------- | ------- |
|  | City: | State: | Zip Code: |
|  | ------- | ------- | ------ |
| Federal Tax ID: | -------- | DUNS#: | ------- |
| Contact Person: | Telephone: | Fax: |
| ----- | ------- | ------- |
| **Section III: Employment Information**The following information is the applicant’s current employer. |
| Employer Name: | Employer Address: |
| ------- | ------- |
|  | City: | Zip Code: | County: |
|  | ------- | ------- | ------- |
| Position Title: | Hire Date | Full-time employment is not less than 75% of a 40hours work week. Is applicant full-time? |
| ------- | ------- |[ ]  Yes |[ ]  No |
| Type of Work: |
| Criminal Cases |[ ]  Juvenile Delinquency Cases |[ ]  Other |[ ]
| If Other, please Specify: | ----------- |
| Supervisor Name: | ------- | Supervisor Title: | --------- |
| Supervisor Telephone: | ------------ | Supervisor Email Address: | -------- |
| **Section IV: Verification** |
| I certify that all information provided above is true and accurate as of this date. I acknowledge that falsified information could result in the denial of my grant request or termination of such contract if I am awarded funds under the JRJ Grant Program. I agree to provide additional verification of any information provided as requested. |
| Applicant Signature\*: |  | Date: | ------ |
| I certify this individual is a current employee of the above referenced agency and that all information provided is true and accurate as of this date |
| Supervisor Signature\*: |  | Date: | -------- |

\*Original signatures are required