

Section B - Educational Debt

Loans eligible for repayment assistance are any loans for your education obtained for tuition, educational expenses, or living expenses from a college, university, government, or commercial source. Please list all of your eligible loans.

Lender/Service: _____

Outstanding balance: _____ Monthly Payment: _____

Lender/Service: _____

Outstanding balance: _____ Monthly Payment: _____

Lender/Service: _____

Outstanding balance: _____ Monthly Payment: _____

Lender/Service: _____

Outstanding balance: _____ Monthly Payment: _____

Lender/Service: _____

Outstanding balance: _____ Monthly Payment: _____

Lender/Service: _____

Outstanding balance: _____ Monthly Payment: _____

Lender/Service: _____

Outstanding balance: _____ Monthly Payment: _____

Lender/Service: _____

Outstanding balance: _____ Monthly Payment: _____

Lender/Service: _____

Outstanding balance: _____ Monthly Payment: _____

TOTAL Outstanding Balance: _____

TOTAL Monthly Payment: _____

Section C – Certification

I understand that an application packet will not be considered complete unless the following documents are submitted:

1. **Application:** Complete and sign the VBF-LRAP Application form.
2. **Proof of Employment:** Complete the top portion of the *Employment Verification* form and have your employer completely fill out the lower portion of the form.
3. **Proof of Loans:** Complete the top portion of the *Lender Verification* form for each loan and have your lender completely fill out the lower portion of the form. Recent account statements that contain all the pertinent loan information may be submitted instead of the *Loan Verification* form.

I understand that I have an ongoing obligation to inform the VBF immediately if I change employment.

I understand that the full application packet must be received by VBF by **October 4, 2010**.

I understand that all awards are subject to the availability of funds.

All the information on this application is true and complete to the best of my knowledge. If asked by the Vermont Bar Foundation, I will provide proof of the information I have given on this application.

Signature of Applicant

Date

VERMONT BAR FOUNDATION LOAN REPAYMENT ASSISTANCE PROGRAM

Award Year 2010-2011

Employment Verification

Section A - Release (to be completed by applicant)

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I authorize my employer to provide the employment information requested by the Vermont Bar Foundation.

Applicant's Signature Date

Section B - Employment (to be completed by employer)

The above named employee has applied for the Vermont Bar Foundation Loan Repayment Assistance Program. Please complete the following section and return this form to the employee.

Job Title of Employee: _____

Date of Hire: _____

Employment Status: Full-time Part-time Number of hours worked per week: _____

Anticipated Annual Gross Salary \$ _____

Name of Organization: _____

Office location(city/town) of employee: _____

I certify that the information provided above is true and complete to the best of my knowledge.

Signature of Executive Director Date

Printed name: _____

Telephone number: _____

E-mail: _____

VERMONT BAR FOUNDATION LOAN REPAYMENT ASSISTANCE PROGRAM

Award Year 2010-2011

Loan Verification

Section A - Release (to be completed by applicant)

Note: This form must be used for each of your loans. Recent account statements that contain all the pertinent loan information may be submitted instead of the Loan Verification form.

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Last Name: _____ First Name: _____ MI: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I authorize my lender, _____, to provide the loan information requested by the Vermont Bar Foundation.

Applicant's Signature _____ Date

Section B - (To be completed by the lender)

Please return completed form to applicant.

Type of Loan: _____ Account Number: _____

Outstanding Balance: \$ _____ Type of Repayment Plan: _____

Monthly Quarterly payment (Please check one)

Current Monthly or Quarterly payment amount: _____

This loan is: Current In default In deferment

Name of Lender or Servicer: _____

Address of Lender or Servicer: _____

City: _____ State: _____ Zip Code: _____

I certify that the information provided above is true and complete to the best of my knowledge.

Signature of Official _____ Date

Printed Name of Official: _____

Title of Official: _____

Telephone Number: _____ E-mail: _____