

Reapplication for
University of Oregon School of Law
Loan Repayment Assistance Program
(LRAP)

Reapplication Due Date: November 10, 2009

Please send signed & completed application to:
Polly Habliston
Assistant Director of Finance
University of Oregon Law School
1221 University of Oregon
Eugene, Oregon 97403-1221

1. Applicant contact information:

Name: _____

Address: _____

Phone Number: (home) _____ (work) _____

Email Address: _____

Date of Reapplication: _____

Eligibility

To remain eligible for LRAP benefits you must continue to be working in a qualifying public interest law job.

2. Has your employment information changed? Yes _____ No _____

(If you checked yes, please fill out employment information below and attach required forms listed under number 3. If your employment has not changed skip to number 4).

a. Job Title: _____

b. Organization: _____

c. Work Address: _____

d. Contact person at organization and job title (to verify employment): _____

e. Contact person's phone number: _____

f. Your Start Date: _____

g. Brief description of your duties: _____

3. If your employment status has changed please attach your most recent W-2 and a letter from your employer verifying current employment and salary.

4. Current Salary: Please list your current salary as well as other forms of income or compensation, and describe if/how it has changed since you submitted your original LRAP application.

5. What is your current debt load? _____ (We do not need you to attach documentation.)

6. What is your spouse's current total compensation? _____

7. Have there been any other significant changes in your financial circumstances since you submitted your original LRAP application? Yes _____ No _____

If you checked yes, please describe: _____

8. Have your career plans changed significantly since you submitted your original LRAP application? If yes, please attach a brief essay describing your current plans.

9. Is there any other information of which you think the LRAP Committee should be aware? If yes, please explain: _____

I hereby certify that all statements made in this application are true.

Signature (original signature required)

Date

Please return completed, signed application to the following address by November 10, 2009:

Polly Habliston
Assistant Director of Finance
University of Oregon Law School
1221 University of Oregon
Eugene, Oregon 97403-1221

If you had any significant changes in your employment, please remember to include:

1. Copy of W2
2. Letter from your employer verifying employment and salary

If you have any questions, please contact Polly Habliston at 541-346-3861 or polly@uoregon.edu.