

GONZAGA UNIVERSITY SCHOOL OF LAW
2021 Loan Repayment Assistance Program (LRAP)

EMPLOYER CERTIFICATION FORM

Deadline - Submit by December 1, 2021

Part A: To be completed by the applicant (complete Part A and submit this form to your employer).

Name: _____ Social Security Number: _____

I hereby authorize my employer, _____, to provide the information requested in Part B to Gonzaga University School of Law LRAP.

Applicant's Signature

Date

Part B: To be completed by the employer.

Please complete the information requested below concerning the employment status of the above-referenced individual and return before the December 1, 2021 deadline to:

Please e-mail questions to boorman@gonzaga.edu or call Bryn Boorman at (509) 313-3742.

Dates of Employment: _____ Full-time: ____ Part-time: ____ (hours/week)

Current Annual Gross Salary: _____

If a salary increase is expected, please specify amount and effective date: _____

Title of Position/Nature of Work: _____

Value of Employer Paid Benefits:

Retirement: _____ Life Insurance (cash value): _____

Housing Allowance: _____ Loan Repayment Assistance: _____

Other: _____

Is your organization qualified for tax exemption as determined by the Internal Revenue Service? ____ Yes ____ No

Employer Name: _____

Employer Address: _____

Employer Telephone: _____

Print Name of Respondent: _____ Title: _____

Email for Respondent: _____

Authorized Signature

Date