

University of the Pacific
McGEORGE SCHOOL OF LAW
Loan Repayment Assistance Program

ENROLLMENT APPLICATION

I. PERSONAL DATA

Last Name: _____ First Name: _____ MI: _____ Social Security #: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: _____ Graduation Date (year only): _____
Date of Birth (mo/day/yr): _____ Marital Status: _____
Spouse's Name: _____ Ages of Dependents: _____
E-mail Address: _____ In what state are you Licensed
to Practice Law?: _____

II. REFERENCE: Parent or other close relative (other than spouse). Reference information must be completed fully.

Last Name: _____ First Name: _____ MI: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: _____ Relationship to Borrower: _____

III. EMPLOYMENT AND INCOME INFORMATION

Employer: _____ Start Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Annual Salary: _____ Job Title: _____

Job Description:

Spouse's Employer: _____ Start Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Annual Salary: _____ Job Title: _____

Job Description:

IV. ASSET INFORMATION

<i>Market Value of Home</i>	<input type="text"/>	<i>Amount Still Owed</i>	<input type="text"/>
<i>Cash/Savings Owned by Applicant and/or Spouse</i>		\$	<input type="text"/>
<i>Retirement & Savings Plans</i>		\$	<input type="text"/>
<i>Trust Funds</i>		\$	<input type="text"/>
<i>Value of Other Assets</i>			
IRA		\$	<input type="text"/>
KEOGH		\$	<input type="text"/>
401K		\$	<input type="text"/>
<i>Other Assets:</i>			
_____		\$	<input type="text"/>
_____		\$	<input type="text"/>
_____		\$	<input type="text"/>
_____		\$	<input type="text"/>
	Total Asset	\$	0.00

V. INDEBTEDNESS AND EXPENSE INFORMATION

<i>Monthly Expenses</i>		
Rent and/or Monthly Mortgage	\$	<input type="text"/>
Utilities (gas/electric)	\$	<input type="text"/>
Telephone	\$	<input type="text"/>
Food	\$	<input type="text"/>
Household Supplies	\$	<input type="text"/>
Auto Insurance	\$	<input type="text"/>
Automobile Gas and Maintenance	\$	<input type="text"/>
Medical Insurance	\$	<input type="text"/>
Un-reimbursed Medical Expenses	\$	<input type="text"/>
Dental Care	\$	<input type="text"/>
Vision Care	\$	<input type="text"/>
Clothing	\$	<input type="text"/>
Laundry & Cleaning	\$	<input type="text"/>
Hair Cuts	\$	<input type="text"/>
Entertainment	\$	<input type="text"/>

Child Care \$

Child Support Payments \$

Student Loan Payments (Total) \$

Total Allowable Personal Expenses \$ **0.00**

Other expenses: (e.g. car payment, credit card payments, etc.)

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

Total Other Expenses \$ **0.00**

VI. APPLICANT'S EDUCATIONAL DEBTS

	Stafford Sub	Stafford Unsub	Graduate PLUS	Alternative Loans	Alternative Loans	Perkins /NDSL	Bar Loans
Original Lender							
Interest Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Original Principal Borrowed							
Loan sold to or serviced by							
Interest Capitalized (Y/N)							
Monthly Payment Amount							
Outstanding Principal							
Outstanding Interest	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Month/Yr Repayment begins							
Loan Consolidated (Y/N)							

VII. PARTICIPATING IN OTHER LOAN FORGIVENESS PROGRAMS

Are you participating in any other Loan Forgiveness Programs.

Yes

No

If yes, please explain in detail.

VIII. CERTIFICATION

All information on this application is true and complete to the best of my (our) knowledge. If asked by a Financial Aid Officer, I (we) agree to provide proof of the information I (we) have given on this application. I (we) understand that I (we) must provide a complete copy of my (our) most recent Federal Income Tax return, as well as other information required in Part V of this application. I (we) further agree to promptly report any increase in salary or income or changes which may alter my eligibility, to the appropriate Financial Aid Officer.

Applicant's Signature _____

Date _____

Spouse's Signature _____

Date _____

TO THE APPLICANT

Return the completed application and a complete copy of your most recent federal income tax return information to: **McGeorge School of Law, Financial Aid Office, 3200 Fifth Avenue, Sacramento, CA 95817.**