

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

ENROLLMENT APPLICATION

I. PERSONAL DATA

Last Name First Name MI Social Security #

Permanent Address 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

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

Last Name First Name MI

Permanent Address Address City State Zip

Telephone Number () - Relationship to Borrower

III. EMPLOYMENT AND INCOME INFORMATION

Employer Start Date

Employer Address Address City State Zip

Phone Number Annual Salary Job Title

Job Description

Spouse's Employer Start Date

Employer Address Address City State Zip

Phone Number Annual Salary Job Title

Job Description

IV. ASSET INFORMATION

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

V. INDEBTEDNESS AND EXPENSE INFORMATION

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

Child Support Payments \$
 Student Loan Payments (Total) \$
Total Allowable Personal Expenses \$

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

\$
 \$
 \$
 \$
 \$
 \$
 \$
 \$
 \$
Total Other Expenses \$

VI. APPLICANT'S EDUCATIONAL DEBTS

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

VII. 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: **Pacific McGeorge School of Law, Financial Aid Office, 3200 Fifth Avenue, Sacramento, CA 95817.**