## **Brooklyn Law School**

## LRAP EMPLOYMENT CERTIFICATION FORM

July 1, 2014 - December 31, 2014

## **To Be Completed By the Applicant:**

Name	Social Security #	
I authorize my employer, furnish Brooklyn Law School with the information r		, to
Signature:	Date:	
To Be Completed By	the Employer:	
The above-named applicant has applied for conassistance. As part of the application process, the employer certify current employment status, so information requested below and return this for Financial Aid at the address denoted below. Thank	he applicant is required to h salary and licensing. Kindl rm to the Brooklyn Law Sc	ave his or her y provide the
Does your organization qualify as a private nonprofit Section 501 (c) 3 of the Internal Revenue Service Code (Please attach approved IRS form)		
Does your organization currently employ this applicant	? Yes No	
Date employment commenced:	Full-time Part-time	
Job Title:	Annual Salary: \$	
Briefly describe the applicant's responsibilities:		
Is a J.D. Degree required for this position? Yes	No	
Has the applicant passed the Bar? Yes No	State:	
Is the above applicant eligible for any education loan re	epayment benefits from your org	ganization?
Yes No If yes, how much	per year? \$	
Is this applicant currently receiving these benefits? Yes	S No	
Authorized Signature:	Date:	
Name and Title:	Tel #:	
Address:	City/State	Zip