

## LRAP EMPLOYMENT CERTIFICATION FORM

## January - June Award Period

BLS Applicant Name	Social Security #: XXX-XX
I authorize my employer,	ow.
Applicant Signature:	Date:
To Be Completed by the	he Employer:
The above-named applicant has applied for considerating As part of the application process, the applicant is requestive employment status, salary and licensing. Kindly provide the form to the Brooklyn Law School Office of Financial Aictionary your assistance.	uired to have his/ her employer certify currenthe information requested below and return this
Does your organization qualify as a private nonprofit section 501 (c) 3 of the Internal Revenue Service Co (Please attach approved IRS form, if not already on file	<b>de</b> ? Yes No
Does your organization currently employ this applicant?	Yes No
Date employment commenced:	Full-time Part-time
Job Title:	_ Current Salary: \$
Briefly describe the applicant's responsibilities:	
Is a J.D. Degree required for this position? Yes	
Has the applicant passed the Bar? Yes No	State:
Is the above applicant eligible for educational loan repay	ment benefits from your organization?
Yes No If yes, how much p	er year? \$
Is this applicant currently receiving these benefits? Yes	No
Authorized Signature:	Date:
Name and Title:	Tel #: