

**NEW YORK STATE BAR ASSOCIATION  
STUDENT LOAN ASSISTANCE FOR THE PUBLIC INTEREST (SLAPI)  
APPLICANT'S EMPLOYER CERTIFICATION FORM**

Instructions: Complete Part A and submit this form to your employer.

\*\*\*\*\*

**PART A: To be completed by the Applicant.**

Name: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (Employer) to provide SLAPI with the information requested in Part B and such other information concerning my employment as SLAPI may request.

\_\_\_\_\_  
Applicant's Signature Date

\*\*\*\*\*

**PART B: To be completed by Employer.**

Dear Employer:

Your employee, \_\_\_\_\_, has applied to SLAPI's Loan Repayment Program. Through this program, SLAPI provides financial assistance with law school education loans. In order to qualify for assistance, Participants must be employed in eligible public service employment and meet our income guidelines. Therefore, our Program procedures require that we obtain information from the applicant's employer.

Please complete the remainder of this form and return it to:

**SLAPI  
NYSBA  
One Elk Street  
Albany, NY 12207**

Please contact us at the above address, phone (518) 487-5641, fax (518) 487-5694, or e-mail to [probono@nysba.org](mailto:probono@nysba.org) with any questions.

Name of Employee: \_\_\_\_\_

Annual Gross Salary: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Nature of Work/Title of Position: \_\_\_\_\_

No. of Working Hours/Week: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name (printed) and Title

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address of Employer